ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

CALIFORNIA

Part 4

SAN GABRIEL to YUCCA VALLEY

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Pt.4

MEDICARE/MEDICAID NURSING HOME INFORMATION

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Part 4

SAN GABRIEL TO YUCCA VALLEY

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES

LICENSING AND CERTIFICATION
Program Description

Licensing and Certification (L&C) regulates licensed public and private health facilities, clinics, agencies, and centers throughout the State. These facilities include in excess of 5,000 General Acute Care and Psychiatric Hospitals, Specialty Clinics, Intermediate Care Facilities, 3 types of Intermediate Care Facilities for the Developmentally Disabled, Skilled Nursing Facilities, Home Health Agencies, Referral Agencies, Adult Day Health Centers, Primary Care Clinics, Chemical Dependency Recovery Hospitals, Ambulatory Surgical Centers, Comprehensive Outpatient Rehabilitation Facilities, Psychiatric Health Facilities and Psychology Clinics, The program also certifies individuals as Nurse Assistants, Home Health Aides and Hemodialysis Technicians. To accomplish these activities, the program develops, implements and enforces health care standards and certifies facilities that participate in the Title XVIII (Medicare) and/or Title XIX (Medi-Cal) programs. L&C maintains an inventory of health care providers; evaluates and reports on services and condition of facilities; cites deficiencies and issues penalties; approves plans for correction; issues, denies, or revokes licenses; and controls performance of other public agencies, and agents under contract for these activities. Certain services are delegated to the State Fire Marshal, Laboratory Field Services, and the Los Angeles County's Department of Health Services under contractual agreements.

The program's Field Operations Branch, through 3 Regional Offices and 11 District Offices (as well as Los Angeles county under a contract) carries out the health facilities, clinics, agencies and centers licensing responsibilities of the Department by issuing licenses, maintaining the mandated standards of care through periodic inspections, and complaint investigations.

The Branch also conducts surveys of providers and suppliers participating under the Federal Social Security Act, and recommend to the Bureau of Health Standards and Quality (HSQ), certification or non-certification of providers and suppliers participating under Title XVIII of the Act, and, through the Division's Provider Certification Section, certifies, or refuses certification of providers participating under Title XIX of the Act.

Recent legislation has established several enforcement systems including a citation/violation system for long-term care facilities major sanctions are classified below:

a. Class "AA" Citations

Violations which have resulted in the direct proximate cause of a patient's death in a long-term care facility. Penalties range from $5,000-$25,000.

b. Class "A" Citations

Violations which are determined to present imminent or the substantial probability of danger, death, or serious harm to a long-term care patient.

Penalties range from $1,000 to $10,000.

c. Class "B" Citations

Violations which are determined to have a direct or immediate relationship to the health, safety, or security of long-term care patients or a violation of patient's rights.

Penalties range from $100 to $1,000 but may not be collectable if the violation is corrected within a specific period of time.

d. Willful Material Falsification (WMF)

This violation means an entry in the patient's health care record pertaining to the administration of medication, or treatments ordered for the patient or pertaining to services for the prevention/treatment of decubitus ulcers/contractures, or pertaining to tests and measurements of vital signs, or notations of input/output of fluids which were made with the knowledge that the records falsely reflect the condition of the patient or care/services provided.

Civil penalties may be assessed up to $10,000.

e. Willful Material Omission (WMO)

This violation means the willful failure to record any untoward event which has affected the health, safety or security of the patient and which was omitted with the knowledge that the records falsely reflect the condition of the resident or care/services provided.

Civil penalties may be assessed up to $10,000.

f. Retaliation/Discrimination

No licensee shall discriminate or retaliate in any manner against a patient or employee for filing or initiating a grievance or complaint or cooperating in any complaint investigation or proceeding. Any attempt to expel a patient or terminate an employee under specified conditions is considered to be a violation of Section 1432 of the Health and Safety Code.

Willful infraction of this code is subject to penalties of not more than $10,000.

District Office	County
District Administrator 8885 Rio San Diego Drive San Diego, CA 92120 Phone No.: (619) 237-7781 Toll-Free (800) 824-0613	Imperial San Diego
District Administrator 50 D Street, Room 330 Santa Rosa, CA 95404 Phone No.: (707) 576-2380 Toll-Free (800) 554-0349	Del Norte Humboldt Lake Mendocino Napa Solano Sonoma
District Administrator 2422 Arden Way Building "B", Suite 35 Sacramento, CA 95825 Phone No.: (916) 92-6851 Toll-Free (800) 554-0354	Alpine Amador Calaveras El Dorado Placer Sacramento San Joaquin Stanislaus Tuolumne Yolo
District Administrator 1074 East Ave., Suite K Chico, CA 95926 Phone No.: (916) 895-6711 Toll-Free: (800) 554-0350	Butte Colusa Glenn Lassen Modoc Nevada Plumas Shasta Sierra Siskiyou Sutter Tehama Trinity Yolo
District Administrator 939 Market St., Rm 101 San Francisco, CA 94103 Phone No.: (415) 557-1711 Toll-Free (800) 554-0353	San Francisco San Mateo Marin
District Administrator 28 Civic Center Plaza, Room 850 Santa Ana, CA 92701 Phone No.: (714) 558-4001 Toll-Free (800) 228-5234	Orange

District Office	County
District Administrator 1836 S. Commercenter Circle San Bernardino, CA 92408 Phone No.: (714) 383-4777	Inyo Mono Riverside San Bernardino
District Administrator 530 E. Montecito, Ste 103 Santa Barbara, CA 93103 Phone No.: (805) 564-1247 Toll-Free: (800) 547-8267	Kern San Luis Obispo Santa Barbara Ventura
District Administrator 2151 Berkeley Way Berkeley, CA 94704 Phone No.: (415) 540-2417 Toll-Free: (800) 554-0352	Alameda Contra Costa
District Administrator 100 Paseo de San Antonio, Suite 235 San Jose, CA 95113 Phone No.: (408) 277-1784 Toll-Free: (800) 554-0348	Monterey San Benito Santa Clara Santa Cruz
District Administrator 666 West Shaw, Suite 185 Fresno, CA 93704 Phone No.: (209) 445-5168 Toll-Free: (800) 554-0351	Fresno Kings Madera Mariposa Merced Tulare
Chief Health Facilities Division County of Los Angeles 313 North Figueroa Street, Room 317 Los Angeles, CA 90012 Phone No.: (213) 974-7873 Toll-Free: (800) 228-1019	Los Angeles

The time may arise when you question the care, services, or environment of a nursing home. Usually, the first step in resolving such a problem is to speak directly to the nursing home administrator or to the director of nursing. If you are unable to bring about a satisfactory resolution of the problem, and you feel the problem is serious, you should write or call the Department of Health Services' Licensing Field Office in your locality regarding the incident or condition. California nursing home regulations provide that citations can be issued to nursing homes which violate licensing regulations. Fines can be as high as $25,000 depending on the seriousness of the violation.

The complaint should be as detailed as possible including a description of specific incidents, times, dates, and names of persons involved. Include your name, address, and telephone number so the Department can contact you. The Department will make an on-site inspection within ten days. The inspection will be unannounced and the evaluator will not disclose the name of the person who initiated the complaint if the complainant requests anonymity. The complainant may accompany the evaluator during the investigation. A serious, life-threatening complaint should be phoned in and will be investigated immediately.

A nursing home operator who discriminates or retaliates in any way against an employee or patient for complaining may be fined. An operator who discharges a patient within 120 days of a patient's complaint can also be fined unless the nursing home can prove that the discharge had nothing to do with the complaint.

Every nursing home must post a copy of its latest licensing survey report, along with the plan of correction, for all deficiencies noted in its most recent survey. If the problems are not corrected, the facility could be in jeopardy of losing its license and/or Federal certification.

To file a complaint simply call or write the Licensing and Certification Office nearest you. "800" toll-free numbers have been established in each district office to make it easier for the public to file a complaint. The number is listed in telephone directories throughout the State in the summary of state offices located in the front of telephone directories and in the yellow pages under hospitals and nursing homes. The addresses and telephone numbers of all district offices are included as an Appendix to this booklet.

California Ombudsman Program

The California Ombudsman program, instituted in 1978 as part of the federal Older American's Act, is operated through the California Department of Aging. The primary purpose of the program is to investigate complaints on behalf of long-term care facility patients and to monitor the direction of legislation with the goal of assuring the rights of patients.

The normal procedure of an ombudsman is to try to settle patient-facility problems in-house. A misunderstanding of issues, procedures, and regulations is a common problem and cause of many of the concerns of patients and families. Medical attention, diet, therapy, bathing, and other areas of personal care or lack of it represent the majority of calls handled by the ombudsman. Facility staffing and quality of staff are other subjects of concern to family members.

The Department of Aging has divided the State into district Planning and Service Areas (PSAs). Presently there are 33 PSAs designated to manage and monitor the services available for seniors at the local level. Appendix B of this booklet lists the location of Ombudsman offices throughout the State if you need to call them.

PSA 1—Humboldt, Del Norte Counties

Redwood Ombudsman
1910 California Street
Eureka, CA 95501
(707) 443 9747

PSA 2—Lassen, Modoc, Shasta, Siskiyou, Trinity Counties

Ombudsman Program/Senior Legal Center
P.O. Box 506
2120 Pine Street
Redding, CA 96099
(916) 243-3209

PSA 3—Butte, Colusa, Glenn, Plumas, Tehama Counties

Ombudsman Program/Family Service Agency
677 East 7th Avenue
Chico, CA 95926
(916) 891-1745

PSA 4—Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba Counties

Senior Ombudsman Advocacy Project (SOAP)
1819 16th Street
Sacramento, CA 95816
(916) 447-1075

Satellites

Sutter, Yolo, Yuba Ombudsman Program
725 D Street
Marysville, CA 95901
(916) 742-8289

Nevada-Placer County Ombudsman Program
c/o Volunteer Bureau
5830 Morgan Place
Loomis, CA 95650
(916) 885-7706

PSA 5—Marin County

County of Marin Ombudsman Program
Citizen Service Office
Administration Building
Civic Center, Room 423
San Rafael, CA 94903
(415) 499-6190

PSA 6—San Francisco County

Family Service Agency/Ombudsman Program
916 Eddy Street
Mailing Address: 1010 Gough
San Francisco, CA 94109
(415) 474-8757

PSA 7—Contra Costa County

Ombudsman Program
c/o Diablo Rehabilitation Center
490 Golf Club Road
Pleasant Hill, CA 94523
(415) 682-6330

PSA 8—San Mateo County

Long-Term Care Ombudsman Program
c/o Catholic Social Services
600 Columbia Drive
San Mateo, CA 94402
(415) 579-0277

PSA 9—Alameda County

Ombudsman, Inc.
477 15th Street, Room 309
Oakland, CA 94612
(415) 465-1065
(415) 465-1153

PSA 10—Santa Clara County

Nursing Home Ombudsman Program
2175 The Alameda
San Jose, CA 95126
(408) 243-3001
(408) 249-3950

PSA 11—San Joaquin County

N. H. Ombudsman Volunteer Program
Community Council of Stockton and San Joaquin County
1107 North San Joaquin
Stockton, CA 95204
(209) 948-1200

PSA 12—Alpine, Amador, Calaveras, Mariposa, Tuolumne Counties

Ombudsman Program
No. 6 South Washington, Room No. 8
Sonora, CA 95370
(209) 533-3364

PSA 13—Santa Cruz, San Benito Counties

Coordinator
Citizens for Better Nursing Home Care, Inc.
234 Santa Cruz Avenue
Aptos, CA 95003
(408) 429-1913

PSA 14—Fresno, Madera Counties

Ombudsman Program
1028 N. Fulton
Fresno, CA 93728
(209) 233-7393

PSA 15—Kings, Tulare Counties

Long-Term Care Ombudsman Program
c/o Kings County Comm. on Aging Council
1197 South Drive
Hanford, CA 93230
(209) 582-3211, Extensions 2824, 2825, 2826

PSA 16—Inyo, Mono Counties

Inyo-Mono Ombudsman Program
180 East Clarke Street
Bishop, CA 93514
(619) 873-8557

PSA 17—San Luis Obispo County

Nursing Home Ombudsman Services of San Luis Obispo County
525 Piney Way
Morro Bay, CA 93442
(805) 772-3059

PSA 17—Santa Barbara County South

S. B. Citizens for Better Nursing Home Care
423 West Victoria
Santa Barbara, CA 93101
(805) 965-4446
(805) 928-4808 Santa Maria Branch (Office)

PSA 18—Ventura County

Long-Term Care Ombudsman Program
2754 Sherwin Avenue, Unit 1
Ventura, CA 93003
(805) 656-1986

PSA 19—Los Angeles County

Long-Term Care Ombudsman Program of Los Angeles County
c/o Westside Independent Services to the Elderly (WISE)
1320 Santa Monica Mall
Santa Monica, CA 90401
(213) 394-9871
Toll-Free (800) 334-9473

Satellites

Long Beach Ombudsman Program
c/o Long Beach Senior Center
1150 East 4th Street, Room 117D
Long Beach, CA 90802
(213) 435-0234
Toll-Free (800) 334-9473

San Gabriel Valley Ombudsman Program
660 S. Mountain
Claremont, CA 91711
Toll-Free (800) 334-9473

Santa Monica-Englewood Ombudsman
Program
1320 Santa Monica Mall
Santa Monica, CA 90401
Toll-Free (800) 334-9473

Pasadena Ombudsman Program
85 East Holly
Pasadena, CA 91103
Toll-Free (800) 334-9473

East Los Angeles Ombudsman
Program
Branch Office
El Monte, CA 91731
Toll-Free (800) 334-9473

Torrance Ombudsman Program
1520 Greenwood Avenue
Torrance, CA 90503
Toll-Free (800) 334-9473

PSA 20—San Bernardino County

Ombudsman Program
686 East Mill Street
San Bernardino, CA 92415
(714) 383-3861

PSA 21—Riverside County

Riverside City and County
Ombudsman, Inc.
2060 University Avenue
Riverside, CA 92507
(714) 686-4402

PSA 22—Orange County

Long-Term Care Ombudsman
Service
Orange County Council on
Aging, Inc.
8100 Garden Grove Boulevard,
Suite 7
Garden Grove, CA 92644
(714) 892-7769
(714) 892-7760

PSA 23—San Diego County

Long-Term Care Ombudsman
Program
Department of Social Services
4161 Marlborough Avenue
San Diego, CA 92105
(619) 560-2501
(619) 236-4509

PSA 24—Imperial County

Ombudsman Program
654 Main Street
El Centro, CA 92243
(619) 352-8521

PSA 25—Los Angeles County

Long-Term Care Ombudsman
Program of Los Angeles City
14406 Hamlin Street
Van Nuys, CA 91401
(818) 782-4303

PSA 26—Lake, Mendocino Counties

Nursing Home Ombudsman
Program
546 North State Street, Suite 3
Ukiah, CA 95482
(707) 468-5882

PSA 27—Sonoma County

Ombudsman Program
2400 Coddingtown Center
Santa Rosa, CA 95401
(707) 526-4108 (Office)
(707) 874-3021 (Home)

PSA 28—Solano County

Nursing Home Ombudsman Service
of Solano County
535 Capitol Street
Vallejo, CA 94590
(707) 554-1126

PSA 28—Napa County

Ombudsman Program
c/o Volunteer Center of
Napa County, Inc.
1700 Second Street, Suite 308
Napa, CA 94559
(707) 252-6222

PSA 29—El Dorado County

Ombudsman Program
937 Spring Street
Placerville, CA 95667
(916) 626-2148

PSA 30—Stanislaus County

Ombudsman Program
c/o Catholic Charities
914 13th Street
Modesto, CA 95354
(209) 529-3784

PSA 31—Merced County

Ombudsman Program
c/o Catholic Social Service
504 West 13th Street
Merced, CA 95340
(209) 383-5755

PSA 32—Monterey County

Monterey County Ombudsman
Program
1281 Broadway
Seaside, CA 93955
(408) 758-4011
(408) 899-4066

PSA 33—Kern County

Ombudsman Program
Greater Bakersfield Legal
Assistance
615 California Street
Bakersfield, CA 93304
(805) 325-5943

California Fraud Program

For Fraud complaints, consumers may call:

1 Department of Health Services
Audits and Investigations Section 916-445-2912
714 "P" Street, Room 650
Sacramento, California 95814

2. Department of Justice
Bureau of Medi-Cal Fraud 916-445-9555
1515 K Street
Sacramento, California 95814

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:
City and State:

Participation:
# of Beds:
Type of Ownership:
Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
ALDERWOOD MANOR CONVALESCENT HOSPITAL

Street Address: 115 BRIDGE STREET		**City and State:** SAN GABRIEL CA 91775	
Participation: MEDICARE SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	92.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	94.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	68	87.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	85.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	75.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	47.4	42.9	37.7
Completely bedfast residents.	3	3.8	3.8	3.4
Residents confined to chairs.	66	84.6	58.6	50.8
Residents requiring restraints.	44	56.4	45.3	41.3
Confused or disoriented residents.	32	41.0	60.6	58.4
Residents with bed sores.	2	2.6	8.8	7.1
Residents receiving special skin care.	46	59.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROADWAY CONVALESCENT HOSPITAL

Street Address: 112 E BROADWAY	**City and State:** SAN GABRIEL CA 91776

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	85.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	88.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	88.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	88.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	85.2	42.9	37.7
Completely bedfast residents.	3	5.6	3.8	3.4
Residents confined to chairs.	45	83.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	17	31.5	60.6	58.4
Residents with bed sores.	4	7.4	8.8	7.1
Residents receiving special skin care.	8	14.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONV HOSP OF SAN GABRIEL

Street Address: 537 WEST LIVE OAK AVENUE	**City and State:** SAN GABRIEL CA 91776

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 4	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	84.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	96.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	64	85.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	85.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	49.3	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	55	73.3	58.6	50.8
Residents requiring restraints.	52	69.3	45.3	41.3
Confused or disoriented residents.	59	78.7	60.6	58.4
Residents with bed sores.	5	6.7	8.8	7.1
Residents receiving special skin care.	2	2.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FERNVIEW CONVALESCENT HOSPITAL

Street Address: 126 N SAN GABRIEL BOULEVARD		**City and State:** SAN GABRIEL CA 91775	
Participation: MEDICARE SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	95.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	92.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	95.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	89.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	75.8	42.9	37.7
Completely bedfast residents.	6	9.1	3.8	3.4
Residents confined to chairs.	55	83.3	58.6	50.8
Residents requiring restraints.	61	92.4	45.3	41.3
Confused or disoriented residents.	55	83.3	60.6	58.4
Residents with bed sores.	3	4.5	8.8	7.1
Residents receiving special skin care.	16	24.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISSION CONVALESCENT HOSPITAL

Street Address: 909 W SANTA ANITA AVENUE		**City and State:** SAN GABRIEL CA 91775	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	95.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	95.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	96.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	91.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	37.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	57	60.6	58.6	50.8
Residents requiring restraints.	62	66.0	45.3	41.3
Confused or disoriented residents.	55	58.5	60.6	58.4
Residents with bed sores.	12	12.8	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN GABRIEL VALLEY MEDICAL CENTER

Street Address: 218 S SANTA ANITA ST		**City and State:** SAN GABRIEL CA 91776	
Participation: MEDICARE SNF	**# of Beds:** 184	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
3	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	1	33.3	3.8	3.4
Residents confined to chairs.	1	33.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	1	33.3	8.8	7.1
Residents receiving special skin care.	2	66.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN MARINO MANOR

Street Address: 6812 N OAK AVE	**City and State:** SAN GABRIEL CA 91775

Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	70.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	79.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	22.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	29.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	29.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	14.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	3	5.6	58.6	50.8
Residents requiring restraints.	3	5.6	45.3	41.3
Confused or disoriented residents.	54	100	60.6	58.4
Residents with bed sores.	1	1.9	8.8	7.1
Residents receiving special skin care.	3	5.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL CONVALESCENT HOSPITAL

Street Address: 39241 W 7TH ST	**City and State:** SAN JACINTO CA 92383

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	95.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	95.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	88.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	59.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	95.2	58.6	50.8
Residents requiring restraints.	36	85.7	45.3	41.3
Confused or disoriented residents.	38	90.5	60.6	58.4
Residents with bed sores.	3	7.1	8.8	7.1
Residents receiving special skin care.	39	92.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AGNEWS STATE HOSP

Street Address: AGNEW STATE HOSPITAL		**City and State:** SAN JOSE CA 95134	
Participation: MEDICAID SNF	**# of Beds:** 366	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 09/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	31	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	31	100	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	31	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALEXIAN BROTHERS HOSPITAL

Street Address: 225 N JACKSON AVE		**City and State:** SAN JOSE CA 95116	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	3	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	20.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	5	100	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	20.0	60.6	58.4
Residents with bed sores.	1	20.0	8.8	7.1
Residents receiving special skin care.	5	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLEROSE CONV HOSP

Street Address: 160 BELLEROSE AVE	**City and State:** SAN JOSE CA 95128

Participation: MEDICAID SNF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	81.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	89.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	86.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	94.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	75.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	5.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	32.4	42.9	37.7
Completely bedfast residents.	1	2.7	3.8	3.4
Residents confined to chairs.	20	54.1	58.6	50.8
Residents requiring restraints.	25	67.6	45.3	41.3
Confused or disoriented residents.	26	70.3	60.6	58.4
Residents with bed sores.	2	5.4	8.8	7.1
Residents receiving special skin care.	2	5.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY CONVALESCENT HOSPITAL

Street Address: 180 N JACKSON AVE		**City and State:** SAN JOSE CA 95116	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 199	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
182	3	164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	155	85.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	156	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	139	76.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	76.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	65.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	35.7	42.9	37.7
Completely bedfast residents.	4	2.2	3.8	3.4
Residents confined to chairs.	129	70.9	58.6	50.8
Residents requiring restraints.	77	42.3	45.3	41.3
Confused or disoriented residents.	137	75.3	60.6	58.4
Residents with bed sores.	16	8.8	8.8	7.1
Residents receiving special skin care.	26	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIFORNIA P E O HOME

Street Address: 10 KIRK AVE	**City and State:** SAN JOSE CA 95127

Participation: MEDICAID SNF	**# of Beds:** 22	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	83.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	14	77.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	66.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	77.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	83.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	10	55.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	22.2	42.9	37.7
Completely bedfast residents.	1	5.6	3.8	3.4
Residents confined to chairs.	6	33.3	58.6	50.8
Residents requiring restraints.	9	50.0	45.3	41.3
Confused or disoriented residents.	10	55.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	4	22.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA SERENA DE SAN JOSE

Street Address: 1990 FRUITDALE AVE	**City and State:** SAN JOSE CA 95128

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	**Medicare Residents:** 19	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	121	89.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	127	93.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	96.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	75.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	48.5	42.9	37.7
Completely bedfast residents.	4	2.9	3.8	3.4
Residents confined to chairs.	129	94.9	58.6	50.8
Residents requiring restraints.	92	67.6	45.3	41.3
Confused or disoriented residents.	128	94.1	60.6	58.4
Residents with bed sores.	7	5.1	8.8	7.1
Residents receiving special skin care.	70	51.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD MANOR

Street Address: 1425 FRUITDALE AVE	**City and State:** SAN JOSE CA 95128

Participation: MEDICAID SNF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 0	**Medicaid Residents:** 162

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	85	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 2065 LOS GATOS-ALMADEN RD	**City and State:** SAN JOSE CA 95124

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 4	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	47.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	89.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	65	89.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	84.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	65.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	79.5	42.9	37.7
Completely bedfast residents.	7	9.6	3.8	3.4
Residents confined to chairs.	41	56.2	58.6	50.8
Residents requiring restraints.	30	41.1	45.3	41.3
Confused or disoriented residents.	41	56.2	60.6	58.4
Residents with bed sores.	9	12.3	8.8	7.1
Residents receiving special skin care.	10	13.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMPRESS CONV HOSP

Street Address: 1299 S BASCOM AVE	**City and State:** SAN JOSE CA 95128

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 2	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	89.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	90.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	87.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	60.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	45.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	60.6	58.6	50.8
Residents requiring restraints.	34	51.5	45.3	41.3
Confused or disoriented residents.	49	74.2	60.6	58.4
Residents with bed sores.	7	10.6	8.8	7.1
Residents receiving special skin care.	66	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERMAN SANITARIUM

Street Address: 2295 PLUMMER AVE	**City and State:** SAN JOSE CA 95125

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	85.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	91.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	72.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	81.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	31.9	42.9	37.7
Completely bedfast residents.	5	5.5	3.8	3.4
Residents confined to chairs.	31	34.1	58.6	50.8
Residents requiring restraints.	18	19.8	45.3	41.3
Confused or disoriented residents.	91	100	60.6	58.4
Residents with bed sores.	1	1.1	8.8	7.1
Residents receiving special skin care.	10	11.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMEWOOD CONVALESCENT HOSPITAL

Street Address: 75 N 13TH ST		**City and State:** SAN JOSE CA 95112	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 3	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	76.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	85.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	83.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	87.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	85.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	80.0	42.9	37.7
Completely bedfast residents.	6	10.9	3.8	3.4
Residents confined to chairs.	26	47.3	58.6	50.8
Residents requiring restraints.	20	36.4	45.3	41.3
Confused or disoriented residents.	29	52.7	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	4	7.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN GLEN MANOR

Street Address: 2671 PLUMMER AVENUE	**City and State:** SAN JOSE CA 95125

Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	100	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	38.2	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	12.7	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	14.5	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	11	20.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARCUS MANOR CONVALESCENT HOSP

Street Address: 264 N MORRISON AVE		**City and State:** SAN JOSE CA 95126	
Participation: MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	29	90.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	84.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	93.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	46.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	21	65.6	58.6	50.8
Residents requiring restraints.	17	53.1	45.3	41.3
Confused or disoriented residents.	21	65.6	60.6	58.4
Residents with bed sores.	1	3.1	8.8	7.1
Residents receiving special skin care.	3	9.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK CONV HOSPITAL

Street Address: 340 NORTHLAKE DRIVE		**City and State:** SAN JOSE CA 95117	
Participation: MEDICARE SNF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	94.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	18	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	17	89.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	89.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	9	47.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	68.4	42.9	37.7
Completely bedfast residents.	2	10.5	3.8	3.4
Residents confined to chairs.	17	89.5	58.6	50.8
Residents requiring restraints.	19	100	45.3	41.3
Confused or disoriented residents.	13	68.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	10.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT PLEASANT CONV HOSP

Street Address: 1355 CLAYTON RD	**City and State:** SAN JOSE CA 95127

Participation: MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	94.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	94.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	94.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	94.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	35.8	42.9	37.7
Completely bedfast residents.	7	13.2	3.8	3.4
Residents confined to chairs.	36	67.9	58.6	50.8
Residents requiring restraints.	49	92.5	45.3	41.3
Confused or disoriented residents.	53	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	6	11.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW NURSING CENTER

Street Address: 120 JOSE FIGUERES AVENUE		**City and State:** SAN JOSE CA 95116	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	2	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	98.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	91.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	85.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	76.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	44.7	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	55	58.5	58.6	50.8
Residents requiring restraints.	39	41.5	45.3	41.3
Confused or disoriented residents.	47	50.0	60.6	58.4
Residents with bed sores.	10	10.6	8.8	7.1
Residents receiving special skin care.	32	34.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLUMTREE CONVALESCENT HOSPITAL

Street Address: 2580 SAMARITAN DRIVE	**City and State:** SAN JOSE CA 95124

Participation: MEDICARE SNF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 6	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	98.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	57	80.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	93.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	59.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	35.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	55	77.5	58.6	50.8
Residents requiring restraints.	56	78.9	45.3	41.3
Confused or disoriented residents.	20	28.2	60.6	58.4
Residents with bed sores.	4	5.6	8.8	7.1
Residents receiving special skin care.	28	39.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN JOSE CARE GUIDANCE CTR

Street Address: 401 RIDGE VISTA AVE		**City and State:** SAN JOSE CA 95127	
Participation: MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	114	100	60.6	58.4
Residents with bed sores.	1	0.9	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN TOMAS CONV HOSP

Street Address: 3580 PAYNE AVE		**City and State:** SAN JOSE CA 95117	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	66.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	89.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	85.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	81.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	85.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	24.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	28	40.6	58.6	50.8
Residents requiring restraints.	9	13.0	45.3	41.3
Confused or disoriented residents.	24	34.8	60.6	58.4
Residents with bed sores.	6	8.7	8.8	7.1
Residents receiving special skin care.	15	21.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA CLARA SKILLED NURSING FACILITY

Street Address: 101 JOSE FIGUERES		**City and State:** SAN JOSE CA 95116	
Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	1.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	2	2.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	2.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	30	31.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SKYLINE CONVALESCENT HOSPITAL

Street Address:	**City and State:**
2065 FOREST AVENUE	SAN JOSE CA 95128

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	277	PROPRIETARY	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
251	10	211

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	220	87.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	227	90.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	214	85.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	209	83.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	205	81.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	126	50.2	42.9	37.7
Completely bedfast residents.	25	10.0	3.8	3.4
Residents confined to chairs.	200	79.7	58.6	50.8
Residents requiring restraints.	43	17.1	45.3	41.3
Confused or disoriented residents.	203	80.9	60.6	58.4
Residents with bed sores.	24	9.6	8.8	7.1
Residents receiving special skin care.	60	23.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTGATE CONV CTR

Street Address: 1601 PETERSON AVENUE	**City and State:** SAN JOSE CA 95129

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 268	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 256	**Medicare Residents:** 4	**Medicaid Residents:** 197

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	200	78.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	249	97.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	228	89.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	211	82.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	186	72.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	1.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	173	67.6	42.9	37.7
Completely bedfast residents.	8	3.1	3.8	3.4
Residents confined to chairs.	178	69.5	58.6	50.8
Residents requiring restraints.	144	56.3	45.3	41.3
Confused or disoriented residents.	189	73.8	60.6	58.4
Residents with bed sores.	20	7.8	8.8	7.1
Residents receiving special skin care.	89	34.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW GLEN CONV HOSP

Street Address: 1267 MERIDIAN AVE	**City and State:** SAN JOSE CA 95125

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	**Medicare Residents:** 2	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	97.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	117	93.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	111	88.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	86.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	69.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	25.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	32.0	58.6	50.8
Residents requiring restraints.	49	39.2	45.3	41.3
Confused or disoriented residents.	67	53.6	60.6	58.4
Residents with bed sores.	7	5.6	8.8	7.1
Residents receiving special skin care.	3	2.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINCHESTER LIVING CENTER

Street Address:
1250 S WINCHESTER BLVD

City and State:
SAN JOSE CA 95128

Participation:
MEDICARE/MEDICAID SNF

# of Beds:
166

Type of Ownership:
PROPRIETARY

Survey Date:
10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
109

Medicare Residents:
3

Medicaid Residents:
99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	93.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	97	89.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	106	97.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	84.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	80.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	33.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	81	74.3	58.6	50.8
Residents requiring restraints.	49	45.0	45.3	41.3
Confused or disoriented residents.	70	64.2	60.6	58.4
Residents with bed sores.	14	12.8	8.8	7.1
Residents receiving special skin care.	18	16.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BANCROFT CONV HOSP

Street Address: 1475 BANCROFT AVE	**City and State:** SAN LEANDRO CA 94577

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	81.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	36	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	89.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	92.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	68.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	52.6	42.9	37.7
Completely bedfast residents.	2	5.3	3.8	3.4
Residents confined to chairs.	19	50.0	58.6	50.8
Residents requiring restraints.	1	2.6	45.3	41.3
Confused or disoriented residents.	26	68.4	60.6	58.4
Residents with bed sores.	7	18.4	8.8	7.1
Residents receiving special skin care.	6	15.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-WASHINGTON MANOR NURSING CTR

Street Address: 14766 WASHINGTON AVE		**City and State:** SAN LEANDRO CA 94578	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	89.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	89.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	89.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	41	41.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	99	100	42.9	37.7
Completely bedfast residents.	10	10.1	3.8	3.4
Residents confined to chairs.	59	59.6	58.6	50.8
Residents requiring restraints.	26	26.3	45.3	41.3
Confused or disoriented residents.	58	58.6	60.6	58.4
Residents with bed sores.	88	88.9	8.8	7.1
Residents receiving special skin care.	53	53.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRMONT HOSPITAL - SNF

Street Address: 15400 FOOTHILL BLVD		**City and State:** SAN LEANDRO CA 94578	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 135	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
128	18	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	86.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	59.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	118	92.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	88.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	84	65.6	42.9	37.7
Completely bedfast residents.	36	28.1	3.8	3.4
Residents confined to chairs.	72	56.3	58.6	50.8
Residents requiring restraints.	67	52.3	45.3	41.3
Confused or disoriented residents.	69	53.9	60.6	58.4
Residents with bed sores.	46	35.9	8.8	7.1
Residents receiving special skin care.	37	28.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN SAN LEANDRO

Street Address: 368 JUANA AVE		**City and State:** SAN LEANDRO CA 94577	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 1	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	74.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	74.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	74.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.6	42.9	37.7
Completely bedfast residents.	5	9.1	3.8	3.4
Residents confined to chairs.	29	52.7	58.6	50.8
Residents requiring restraints.	21	38.2	45.3	41.3
Confused or disoriented residents.	18	32.7	60.6	58.4
Residents with bed sores.	2	3.6	8.8	7.1
Residents receiving special skin care.	4	7.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKLAND CONV HOSP

Street Address: 1440 168TH AVE	**City and State:** SAN LEANDRO CA 94578

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	87.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	87.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	78.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	82.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	83.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	44.9	42.9	37.7
Completely bedfast residents.	1	0.6	3.8	3.4
Residents confined to chairs.	108	64.7	58.6	50.8
Residents requiring restraints.	74	44.3	45.3	41.3
Confused or disoriented residents.	78	46.7	60.6	58.4
Residents with bed sores.	19	11.4	8.8	7.1
Residents receiving special skin care.	38	22.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKE'S CONV HOSP

Street Address:	**City and State:**
15675 MAUBERT AVE	SAN LEANDRO CA 94578

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	72	PROPRIETARY	05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	86.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	22	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	21	95.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	95.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	4	18.2	58.6	50.8
Residents requiring restraints.	14	63.6	45.3	41.3
Confused or disoriented residents.	12	54.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	6	27.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA FAIRMONT MENTAL HEALTH CENTER

Street Address: 15200 FOOTHILL BLVD		**City and State:** SAN LEANDRO CA 94578	
Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	7.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	3	3.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	3	3.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	4.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	4.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	1.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	18	18.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	27	28.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON CONV HOSP

Street Address: 2274 WASHINGTON AVE	**City and State:** SAN LEANDRO CA 94577

Participation: MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	73.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	22	95.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	17	73.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	73.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	78.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	52.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	78.3	58.6	50.8
Residents requiring restraints.	8	34.8	45.3	41.3
Confused or disoriented residents.	17	73.9	60.6	58.4
Residents with bed sores.	3	13.0	8.8	7.1
Residents receiving special skin care.	1	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CABRILLO EXTENDED CARE HOSP

Street Address:	**City and State:**
3033 AUGUSTA ST	SAN LUIS OBISPO CA 93401

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	162	PROPRIETARY	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
161	4	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	95.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	152	94.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	134	83.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	86.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	142	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	35.4	42.9	37.7
Completely bedfast residents.	5	3.1	3.8	3.4
Residents confined to chairs.	105	65.2	58.6	50.8
Residents requiring restraints.	41	25.5	45.3	41.3
Confused or disoriented residents.	97	60.2	60.6	58.4
Residents with bed sores.	11	6.8	8.8	7.1
Residents receiving special skin care.	31	19.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CARE CENTER

Street Address: 1425 WOODSIDE DR		**City and State:** SAN LUIS OBISPO CA 93401	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
142	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	92.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	128	90.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	120	84.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	81.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	74.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	3.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	38.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	85	59.9	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	102	71.8	60.6	58.4
Residents with bed sores.	15	10.6	8.8	7.1
Residents receiving special skin care.	99	69.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKSIDE CONVALESCENT HOSPITAL

Street Address:	**City and State:**
2620 FLORES STREET	SAN MATEO CA 94403

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	100	NON-PROFIT OTHER	07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	1	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	91.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	88.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	59	61.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	85.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	86.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	69.8	42.9	37.7
Completely bedfast residents.	7	7.3	3.8	3.4
Residents confined to chairs.	34	35.4	58.6	50.8
Residents requiring restraints.	58	60.4	45.3	41.3
Confused or disoriented residents.	62	64.6	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	13	13.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRYSTAL SPRINGS REHAB HOSP

Street Address: 35 TOWER RD		**City and State:** SAN MATEO CA 94402	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	49.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	70.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	62	55.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	58.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	59.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	7	6.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	25.0	42.9	37.7
Completely bedfast residents.	9	8.0	3.8	3.4
Residents confined to chairs.	45	40.2	58.6	50.8
Residents requiring restraints.	31	27.7	45.3	41.3
Confused or disoriented residents.	24	21.4	60.6	58.4
Residents with bed sores.	10	8.9	8.8	7.1
Residents receiving special skin care.	54	48.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

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from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSDALE MANOR CONV HOSP

Street Address: 2883 S NORFOLK ST	**City and State:** SAN MATEO CA 94403

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	3.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	96.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	86.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	84.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	32.1	42.9	37.7
Completely bedfast residents.	2	3.8	3.8	3.4
Residents confined to chairs.	12	22.6	58.6	50.8
Residents requiring restraints.	28	52.8	45.3	41.3
Confused or disoriented residents.	28	52.8	60.6	58.4
Residents with bed sores.	8	15.1	8.8	7.1
Residents receiving special skin care.	12	22.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLS MEMORIAL HOSPITAL SNF

Street Address: 101 S SAN MATEO DRIVE		**City and State:** SAN MATEO CA 94401	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	91.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	91.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	91.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	91.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	91.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	33.9	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	37	66.1	58.6	50.8
Residents requiring restraints.	8	14.3	45.3	41.3
Confused or disoriented residents.	18	32.1	60.6	58.4
Residents with bed sores.	12	21.4	8.8	7.1
Residents receiving special skin care.	13	23.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN MATEO CONV HOSP

Street Address: 453 N SAN MATEO DR	**City and State:** SAN MATEO CA 94401

Participation: MEDICARE SNF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 25	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	46.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	78.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	25	78.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	78.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	78.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	78.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKSIDE HOSP SNF

Street Address: 2000 VALE ROAD		**City and State:** SAN PABLO CA 94806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	23	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	23	95.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	95.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	54.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	25.0	42.9	37.7
Completely bedfast residents.	2	8.3	3.8	3.4
Residents confined to chairs.	6	25.0	58.6	50.8
Residents requiring restraints.	9	37.5	45.3	41.3
Confused or disoriented residents.	9	37.5	60.6	58.4
Residents with bed sores.	12	50.0	8.8	7.1
Residents receiving special skin care.	24	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKVUE CONV HOSP

Street Address: 13328 SAN PABLO AVE		**City and State:** SAN PABLO CA 94806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	8	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	83.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	95.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	91	92.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	91.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	92.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	58.2	42.9	37.7
Completely bedfast residents.	5	5.1	3.8	3.4
Residents confined to chairs.	60	61.2	58.6	50.8
Residents requiring restraints.	50	51.0	45.3	41.3
Confused or disoriented residents.	72	73.5	60.6	58.4
Residents with bed sores.	9	9.2	8.8	7.1
Residents receiving special skin care.	23	23.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHURCH LANE CONV HOSPITAL

Street Address: 1900 CHURCH LANE		**City and State:** SAN PABLO CA 94806	
Participation: MEDICARE SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	54.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	87.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	61	82.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	78.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	56.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	59.5	42.9	37.7
Completely bedfast residents.	2	2.7	3.8	3.4
Residents confined to chairs.	40	54.1	58.6	50.8
Residents requiring restraints.	35	47.3	45.3	41.3
Confused or disoriented residents.	45	60.8	60.6	58.4
Residents with bed sores.	3	4.1	8.8	7.1
Residents receiving special skin care.	16	21.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALE CARE CENTERR

Street Address: 13484 SAN PABLO AVE	**City and State:** SAN PABLO CA 94806

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	202	PROPRIETARY	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
187	16	157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	75.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	138	73.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	70.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	89.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	28.3	42.9	37.7
Completely bedfast residents.	11	5.9	3.8	3.4
Residents confined to chairs.	137	73.3	58.6	50.8
Residents requiring restraints.	104	55.6	45.3	41.3
Confused or disoriented residents.	138	73.8	60.6	58.4
Residents with bed sores.	17	9.1	8.8	7.1
Residents receiving special skin care.	30	16.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA PINES NURSING CTR.

Street Address: 2140 VALE ROAD		**City and State:** SAN PABLO CA 94806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	85.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	94.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	85.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	85.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	96.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	34.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	45	81.8	58.6	50.8
Residents requiring restraints.	45	81.8	45.3	41.3
Confused or disoriented residents.	21	38.2	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	55	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARBOR VIEW HOUSE

Street Address: 921 S BEACON ST	**City and State:** SAN PEDRO CA 90731

Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	2.9	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	1	1.5	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	2.9	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	1	1.5	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	6	8.8	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE SISTERS OF THE POOR

Street Address: 2100 SOUTH WESTERN AVE	**City and State:** SAN PEDRO CA 90732

Participation: MEDICAID SNF/ICF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	91.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	59.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	53.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	62.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	45.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	31.6	42.9	37.7
Completely bedfast residents.	5	6.3	3.8	3.4
Residents confined to chairs.	35	44.3	58.6	50.8
Residents requiring restraints.	23	29.1	45.3	41.3
Confused or disoriented residents.	24	30.4	60.6	58.4
Residents with bed sores.	2	2.5	8.8	7.1
Residents receiving special skin care.	11	13.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOS PALOS CONVALESCENT HOSPITAL

Street Address: 1430 W 6TH STREET

City and State: SAN PEDRO CA 90732

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 99

Type of Ownership: NON-PROFIT PRIVATE

Survey Date: 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93

Medicare Residents: 1

Medicaid Residents: 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	69.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	84.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	84.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	81.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	83.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	86.0	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	53	57.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	41	44.1	60.6	58.4
Residents with bed sores.	13	14.0	8.8	7.1
Residents receiving special skin care.	35	37.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN PEDRO & PENNISULA HOSP PAVILLION

Street Address: 1322 W 6TH STREET	**City and State:** SAN PEDRO CA 90732

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 15	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	95.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	95.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	115	94.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	93.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	76.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	60.7	42.9	37.7
Completely bedfast residents.	15	12.3	3.8	3.4
Residents confined to chairs.	56	45.9	58.6	50.8
Residents requiring restraints.	87	71.3	45.3	41.3
Confused or disoriented residents.	77	63.1	60.6	58.4
Residents with bed sores.	10	8.2	8.8	7.1
Residents receiving special skin care.	93	76.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEACREST CONVALESCENT HOSPITAL

Street Address: 1416 W 6TH ST	**City and State:** SAN PEDRO CA 90732

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	98.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	98.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	63	86.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	86.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	72.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	61.6	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	62	84.9	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	55	75.3	60.6	58.4
Residents with bed sores.	6	8.2	8.8	7.1
Residents receiving special skin care.	31	42.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIFTH AVENUE CONV HOSP

Street Address: 1601 FIFTH AVE		**City and State:** SAN RAFAEL CA 94901	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	1	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	81.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	86.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	77.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	83.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	24.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	31	58.5	58.6	50.8
Residents requiring restraints.	28	52.8	45.3	41.3
Confused or disoriented residents.	46	86.8	60.6	58.4
Residents with bed sores.	4	7.5	8.8	7.1
Residents receiving special skin care.	23	43.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE MANOR CONV HOSP

Street Address: 81 PROFESSIONAL CENTER PARKWAY		**City and State:** SAN RAFAEL CA 94903	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	62.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	79.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	64.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	58.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	49.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	18.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	29	31.2	58.6	50.8
Residents requiring restraints.	38	40.9	45.3	41.3
Confused or disoriented residents.	65	69.9	60.6	58.4
Residents with bed sores.	9	9.7	8.8	7.1
Residents receiving special skin care.	39	41.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAZARETH HOUSE

Street Address: 245 NOVA ALBION WAY		**City and State:** SAN RAFAEL CA 94903	
Participation: MEDICAID SNF	**# of Beds:** 45	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	72.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	86.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	70.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	75.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	77.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	47.7	42.9	37.7
Completely bedfast residents.	2	4.5	3.8	3.4
Residents confined to chairs.	11	25.0	58.6	50.8
Residents requiring restraints.	14	31.8	45.3	41.3
Confused or disoriented residents.	26	59.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	15	34.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHGATE CONV HOSP

Street Address: 40 PROFESSIONAL CTR PKWY	**City and State:** SAN RAFAEL CA 94903

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	50	98.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	98.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	98.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	90.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	98.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	58.8	42.9	37.7
Completely bedfast residents.	6	11.8	3.8	3.4
Residents confined to chairs.	30	58.8	58.6	50.8
Residents requiring restraints.	42	82.4	45.3	41.3
Confused or disoriented residents.	50	98.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	13	25.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE RIDGE CARE CTR

Street Address: 45 PROFESSIONAL CENTER PARKWAY		**City and State:** SAN RAFAEL CA 94903	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	5	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	86.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	62	70.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	83.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	23.9	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	65	73.9	58.6	50.8
Residents requiring restraints.	46	52.3	45.3	41.3
Confused or disoriented residents.	50	56.8	60.6	58.4
Residents with bed sores.	10	11.4	8.8	7.1
Residents receiving special skin care.	11	12.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAFAEL CONV HOSP

Street Address: 234 N SAN PEDRO RD		**City and State:** SAN RAFAEL CA 94903	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 168	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
162	5	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	88.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	144	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	130	80.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	79.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	76.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	44.4	42.9	37.7
Completely bedfast residents.	3	1.9	3.8	3.4
Residents confined to chairs.	55	34.0	58.6	50.8
Residents requiring restraints.	90	55.6	45.3	41.3
Confused or disoriented residents.	124	76.5	60.6	58.4
Residents with bed sores.	12	7.4	8.8	7.1
Residents receiving special skin care.	20	12.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA MARIN RETIREMENT RESIDENCES

Street Address: 100 THORNDALE DRIVE		**City and State:** SAN RAFAEL CA 94903	
Participation: MEDICARE SNF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	89.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	18	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	16	84.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	73.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	63.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	5.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	47.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	14	73.7	58.6	50.8
Residents requiring restraints.	8	42.1	45.3	41.3
Confused or disoriented residents.	13	68.4	60.6	58.4
Residents with bed sores.	3	15.8	8.8	7.1
Residents receiving special skin care.	2	10.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE GROVE ICF

Street Address: 1808 5TH ST	**City and State:** SANGER CA 93657

Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	2	11.8	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	23.5	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	23.5	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	100	13.2	59.1
Residents on individually written bowel and bladder retraining program.	1	5.9	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	100	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	8	47.1	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANGER CONV HOSP

Street Address: 2550 9TH ST		**City and State:** SANGER CA 93657	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	84.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	82.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	78.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	81.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	40.8	42.9	37.7
Completely bedfast residents.	6	6.1	3.8	3.4
Residents confined to chairs.	86	87.8	58.6	50.8
Residents requiring restraints.	61	62.2	45.3	41.3
Confused or disoriented residents.	57	58.2	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	25	25.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAREHOUSE CONVALESCENT HOSPITAL

Street Address: 1800 OLD TUSTIN RD		**City and State:** SANTA ANA CA 92701	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
141	6	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	97.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	137	97.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	118	83.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	67.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	92.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	93	66.0	42.9	37.7
Completely bedfast residents.	10	7.1	3.8	3.4
Residents confined to chairs.	56	39.7	58.6	50.8
Residents requiring restraints.	93	66.0	45.3	41.3
Confused or disoriented residents.	76	53.9	60.6	58.4
Residents with bed sores.	10	7.1	8.8	7.1
Residents receiving special skin care.	17	12.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY VILLA PLAZA LIMITED

Street Address: 1209 WEST HEMLOCK WAY		**City and State:** SANTA ANA CA 92707	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	15	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	108	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	80.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	81.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	53.2	42.9	37.7
Completely bedfast residents.	3	2.4	3.8	3.4
Residents confined to chairs.	98	77.8	58.6	50.8
Residents requiring restraints.	83	65.9	45.3	41.3
Confused or disoriented residents.	85	67.5	60.6	58.4
Residents with bed sores.	7	5.6	8.8	7.1
Residents receiving special skin care.	126	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV HOSP

Street Address: 2210 E 1ST ST	**City and State:** SANTA ANA CA 92705

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 2	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	88.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	90.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	73	76.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	74.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	61.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	23.2	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	40	42.1	58.6	50.8
Residents requiring restraints.	50	52.6	45.3	41.3
Confused or disoriented residents.	61	64.2	60.6	58.4
Residents with bed sores.	11	11.6	8.8	7.1
Residents receiving special skin care.	25	26.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYALE CONV HOSP

Street Address: 1030 W WARNER AVE	**City and State:** SANTA ANA CA 92707

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 261	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 4	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	83.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	103	69.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	126	85.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	88.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	82.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	37.8	42.9	37.7
Completely bedfast residents.	3	2.0	3.8	3.4
Residents confined to chairs.	121	81.8	58.6	50.8
Residents requiring restraints.	68	45.9	45.3	41.3
Confused or disoriented residents.	99	66.9	60.6	58.4
Residents with bed sores.	10	6.8	8.8	7.1
Residents receiving special skin care.	56	37.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST EDNA CONVALESCENT CENTER

Street Address: 1929 N FAIRVIEW ST		**City and State:** SANTA ANA CA 92706	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	5	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	87.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	125	94.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	125	94.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	94.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	88.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	35.3	42.9	37.7
Completely bedfast residents.	6	4.5	3.8	3.4
Residents confined to chairs.	114	85.7	58.6	50.8
Residents requiring restraints.	73	54.9	45.3	41.3
Confused or disoriented residents.	81	60.9	60.6	58.4
Residents with bed sores.	14	10.5	8.8	7.1
Residents receiving special skin care.	10	7.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN COUNTRY MANOR

Street Address: 555 E MEMORY LANE	**City and State:** SANTA ANA CA 92706

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 1	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	38.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	73	67.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	69	63.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	66.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	61.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	69.4	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	36	33.3	58.6	50.8
Residents requiring restraints.	16	14.8	45.3	41.3
Confused or disoriented residents.	32	29.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	1.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN MEDICAL CENTER BARTLETT

Street Address: 600 E WASHINGTON AVE	**City and State:** SANTA ANA CA 92701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 241	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 215	**Medicare Residents:** 17	**Medicaid Residents:** 118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	213	99.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	202	94.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	169	78.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	80.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	168	78.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	33.0	42.9	37.7
Completely bedfast residents.	16	7.4	3.8	3.4
Residents confined to chairs.	166	77.2	58.6	50.8
Residents requiring restraints.	104	48.4	45.3	41.3
Confused or disoriented residents.	133	61.9	60.6	58.4
Residents with bed sores.	35	16.3	8.8	7.1
Residents receiving special skin care.	47	21.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY LA CUMBRE CONV HOSP

Street Address: 3880 VIA LUCERO	**City and State:** SANTA BARBARA CA 93110

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	189	PROPRIETARY	06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
181	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	180	99.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	175	96.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	175	96.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	125	69.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	25.4	42.9	37.7
Completely bedfast residents.	6	3.3	3.8	3.4
Residents confined to chairs.	129	71.3	58.6	50.8
Residents requiring restraints.	103	56.9	45.3	41.3
Confused or disoriented residents.	115	63.5	60.6	58.4
Residents with bed sores.	13	7.2	8.8	7.1
Residents receiving special skin care.	106	58.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 2225 DE LA VINA ST	**City and State:** SANTA BARBARA CA 93105

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	89.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	30.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	26	46.4	58.6	50.8
Residents requiring restraints.	20	35.7	45.3	41.3
Confused or disoriented residents.	29	51.8	60.6	58.4
Residents with bed sores.	8	14.3	8.8	7.1
Residents receiving special skin care.	1	1.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST- SANTA BARBARA NURSING CTR

Street Address: 623 W JUNIPERO ST

City and State: SANTA BARBARA CA 93105

Participation: MEDICARE/MEDICAID SNF

# of Beds: 138

Type of Ownership: FEDERAL GOVERNMENT

Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121

Medicare Residents: 5

Medicaid Residents: 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	90.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	115	95.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	109	90.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	86.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	80.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	47.9	42.9	37.7
Completely bedfast residents.	9	7.4	3.8	3.4
Residents confined to chairs.	99	81.8	58.6	50.8
Residents requiring restraints.	54	44.6	45.3	41.3
Confused or disoriented residents.	49	40.5	60.6	58.4
Residents with bed sores.	18	14.9	8.8	7.1
Residents receiving special skin care.	43	35.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA DORINDA

Street Address: 300 HOT SPRINGS RD	**City and State:** SANTA BARBARA CA 93108

Participation: MEDICARE SNF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	24	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	74.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	70.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	70.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	22.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	7	25.9	58.6	50.8
Residents requiring restraints.	12	44.4	45.3	41.3
Confused or disoriented residents.	10	37.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	3.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COTTAGE CARE CENTER

Street Address: 2415 DE LA VINA ST	**City and State:** SANTA BARBARA CA 93105

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 7	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	81.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	91.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	93.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	79.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	47.9	42.9	37.7
Completely bedfast residents.	3	6.3	3.8	3.4
Residents confined to chairs.	30	62.5	58.6	50.8
Residents requiring restraints.	21	43.8	45.3	41.3
Confused or disoriented residents.	34	70.8	60.6	58.4
Residents with bed sores.	4	8.3	8.8	7.1
Residents receiving special skin care.	13	27.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAMARKAND HEALTH CENTER

Street Address: 2566 TREASURE DRIVE	**City and State:** SANTA BARBARA CA 93105

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	94.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	77.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	75.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	64.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	30.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	13	24.5	58.6	50.8
Residents requiring restraints.	18	34.0	45.3	41.3
Confused or disoriented residents.	53	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	53	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA BARBARA CONV HOSPITAL

Street Address: 540 W PUEBLO ST	**City and State:** SANTA BARBARA CA 93105

Participation: MEDICARE SNF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	64.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	83.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	76.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	69.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	92.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.8	42.9	37.7
Completely bedfast residents.	2	3.6	3.8	3.4
Residents confined to chairs.	29	51.8	58.6	50.8
Residents requiring restraints.	29	51.8	45.3	41.3
Confused or disoriented residents.	33	58.9	60.6	58.4
Residents with bed sores.	11	19.6	8.8	7.1
Residents receiving special skin care.	46	82.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLE VERDE HLTH FACILITY

Street Address: 900 CALLE DELOS AMIGOS	**City and State:** SANTA BARBARA CA 93105

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	85.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	87.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	83.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	51.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	21.3	42.9	37.7
Completely bedfast residents.	1	2.1	3.8	3.4
Residents confined to chairs.	18	38.3	58.6	50.8
Residents requiring restraints.	21	44.7	45.3	41.3
Confused or disoriented residents.	18	38.3	60.6	58.4
Residents with bed sores.	5	10.6	8.8	7.1
Residents receiving special skin care.	17	36.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VISTA DEL MONTE

Street Address: 3775 MODOC RD	**City and State:** SANTA BARBARA CA 93105

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	81.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	14	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	81.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	81.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	31.3	42.9	37.7
Completely bedfast residents.	1	6.3	3.8	3.4
Residents confined to chairs.	9	56.3	58.6	50.8
Residents requiring restraints.	4	25.0	45.3	41.3
Confused or disoriented residents.	4	25.0	60.6	58.4
Residents with bed sores.	3	18.8	8.8	7.1
Residents receiving special skin care.	6	37.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR

Street Address: 991 CLYDE AVE		**City and State:** SANTA CLARA CA 95050	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 205	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 204	**Medicare Residents:** 1	**Medicaid Residents:** 188

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	189	92.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	188	92.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	157	77.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	70.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	65.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	25.0	42.9	37.7
Completely bedfast residents.	11	5.4	3.8	3.4
Residents confined to chairs.	138	67.6	58.6	50.8
Residents requiring restraints.	139	68.1	45.3	41.3
Confused or disoriented residents.	165	80.9	60.6	58.4
Residents with bed sores.	14	6.9	8.8	7.1
Residents receiving special skin care.	131	64.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISSION SKILLED NURSING FACILITY

Street Address: 410 N WINCHESTER BLVD		**City and State:** SANTA CLARA CA 95050	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 8	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	69.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	93.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	85.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	90.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	88.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	48.5	42.9	37.7
Completely bedfast residents.	2	1.9	3.8	3.4
Residents confined to chairs.	89	86.4	58.6	50.8
Residents requiring restraints.	41	39.8	45.3	41.3
Confused or disoriented residents.	76	73.8	60.6	58.4
Residents with bed sores.	4	3.9	8.8	7.1
Residents receiving special skin care.	65	63.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATTERSON NURSING HOME AND CONV HOSP

Street Address: 2555 MATTISON LANE BOX 1239	**City and State:** SANTA CRUZ CA 95062

Participation: MEDICARE SNF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	97.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	93.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	93.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	93.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	57.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	6.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	63.6	42.9	37.7
Completely bedfast residents.	1	3.0	3.8	3.4
Residents confined to chairs.	31	93.9	58.6	50.8
Residents requiring restraints.	31	93.9	45.3	41.3
Confused or disoriented residents.	18	54.5	60.6	58.4
Residents with bed sores.	1	3.0	8.8	7.1
Residents receiving special skin care.	4	12.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR OF SANTA CRUZ

Street Address: 1098 38TH AVE		**City and State:** SANTA CRUZ CA 95062	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	91.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	91.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	91.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	86.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	91.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	7.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	45.7	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	21	25.9	58.6	50.8
Residents requiring restraints.	37	45.7	45.3	41.3
Confused or disoriented residents.	46	56.8	60.6	58.4
Residents with bed sores.	2	2.5	8.8	7.1
Residents receiving special skin care.	34	42.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROMMER MANOR

Street Address: 2000 BROMMER ST	**City and State:** SANTA CRUZ CA 95062

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	84.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	31	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	84.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	87.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	33.3	42.9	37.7
Completely bedfast residents.	1	3.0	3.8	3.4
Residents confined to chairs.	25	75.8	58.6	50.8
Residents requiring restraints.	15	45.5	45.3	41.3
Confused or disoriented residents.	16	48.5	60.6	58.4
Residents with bed sores.	5	15.2	8.8	7.1
Residents receiving special skin care.	5	15.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTHAVEN INC NURSING HOME

Street Address: 740 17TH AVE

City and State: SANTA CRUZ CA 95062

Participation: MEDICAID SNF

# of Beds: 20

Type of Ownership: PROPRIETARY

Survey Date: 03/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20

Medicare Residents: 0

Medicaid Residents: 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	95.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	45.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	45.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	45.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	5.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	20.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	10.0	58.6	50.8
Residents requiring restraints.	1	5.0	45.3	41.3
Confused or disoriented residents.	20	100	60.6	58.4
Residents with bed sores.	1	5.0	8.8	7.1
Residents receiving special skin care.	1	5.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOMINICAN SANTA CRUZ HOSP/RESTO CARE

Street Address: 1555 SOQUEL DR	**City and State:** SANTA CRUZ CA 95065

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 37	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 11	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	68.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	30	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	68.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	6.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	62.5	42.9	37.7
Completely bedfast residents.	10	31.3	3.8	3.4
Residents confined to chairs.	18	56.3	58.6	50.8
Residents requiring restraints.	10	31.3	45.3	41.3
Confused or disoriented residents.	13	40.6	60.6	58.4
Residents with bed sores.	3	9.4	8.8	7.1
Residents receiving special skin care.	31	96.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 675 24TH AVE	**City and State:** SANTA CRUZ CA 95062

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 3	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	67.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	84.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	67.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	35.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	44	50.0	58.6	50.8
Residents requiring restraints.	32	36.4	45.3	41.3
Confused or disoriented residents.	42	47.7	60.6	58.4
Residents with bed sores.	4	4.5	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN NURSING HOME + CONV HOSP

Street Address: 1410 OCEAN ST	**City and State:** SANTA CRUZ CA 95060

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 2	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	45	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	89.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	87.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	39.6	42.9	37.7
Completely bedfast residents.	2	4.2	3.8	3.4
Residents confined to chairs.	44	91.7	58.6	50.8
Residents requiring restraints.	41	85.4	45.3	41.3
Confused or disoriented residents.	47	97.9	60.6	58.4
Residents with bed sores.	3	6.3	8.8	7.1
Residents receiving special skin care.	11	22.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARBOR HILLS

Street Address: 1171 7TH AVENUE		**City and State:** SANTA CRUZ CA 95062	
Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	1.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	1.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	1.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	1.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	2.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	1.1	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	90	96.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	16	17.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN EXTENDED CARE

Street Address: 1115 CAPITOLA ROAD	**City and State:** SANTA CRUZ CA 95062

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 4	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	97.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	122	89.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	86.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	89.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	30.7	42.9	37.7
Completely bedfast residents.	10	7.3	3.8	3.4
Residents confined to chairs.	104	75.9	58.6	50.8
Residents requiring restraints.	94	68.6	45.3	41.3
Confused or disoriented residents.	102	74.5	60.6	58.4
Residents with bed sores.	13	9.5	8.8	7.1
Residents receiving special skin care.	26	19.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIVE OAK SKILLED CARE

Street Address: 2990 SOQUEL AVENUE		**City and State:** SANTA CRUZ CA 95062	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 214	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	87.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	91.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	42.9	37.7
Completely bedfast residents.	5	10.2	3.8	3.4
Residents confined to chairs.	42	85.7	58.6	50.8
Residents requiring restraints.	27	55.1	45.3	41.3
Confused or disoriented residents.	28	57.1	60.6	58.4
Residents with bed sores.	10	20.4	8.8	7.1
Residents receiving special skin care.	31	63.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINANA CONVALESCENT HOSPITAL

Street Address: 830 E CHAPEL ST	**City and State:** SANTA MARIA CA 93454

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 1	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	93.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	63.8	42.9	37.7
Completely bedfast residents.	2	3.4	3.8	3.4
Residents confined to chairs.	43	74.1	58.6	50.8
Residents requiring restraints.	4	6.9	45.3	41.3
Confused or disoriented residents.	43	74.1	60.6	58.4
Residents with bed sores.	8	13.8	8.8	7.1
Residents receiving special skin care.	22	37.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KIMBERLY CONV HOSPITAL

Street Address: 820 WEST COOK ST	**City and State:** SANTA MARIA CA 93454

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	86.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	45	86.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	86.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	86.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	48.1	42.9	37.7
Completely bedfast residents.	3	5.8	3.8	3.4
Residents confined to chairs.	42	80.8	58.6	50.8
Residents requiring restraints.	40	76.9	45.3	41.3
Confused or disoriented residents.	25	48.1	60.6	58.4
Residents with bed sores.	11	21.2	8.8	7.1
Residents receiving special skin care.	20	38.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIAN EXTENDED CARE CENTER

Street Address: 1530 CYPRESS WAY	**City and State:** SANTA MARIA CA 93454

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	10	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	10	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA MARIA CONVALESCENT HOSPITAL INC

Street Address: 425 EAST BARCELLUS AVE	**City and State:** SANTA MARIA CA 93454

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	97.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	96.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	93.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	93.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	31.2	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	55	71.4	58.6	50.8
Residents requiring restraints.	57	74.0	45.3	41.3
Confused or disoriented residents.	66	85.7	60.6	58.4
Residents with bed sores.	3	3.9	8.8	7.1
Residents receiving special skin care.	70	90.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY VISTA CONVALESCENT HOSPITAL

Street Address: 1338 20TH STREET	**City and State:** SANTA MONICA CA 90404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 154	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 5	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	128	89.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	127	88.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	88.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	76.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	30.8	42.9	37.7
Completely bedfast residents.	8	5.6	3.8	3.4
Residents confined to chairs.	84	58.7	58.6	50.8
Residents requiring restraints.	93	65.0	45.3	41.3
Confused or disoriented residents.	93	65.0	60.6	58.4
Residents with bed sores.	20	14.0	8.8	7.1
Residents receiving special skin care.	21	14.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERKLEY EAST CONVALESCENT HOSPITAL

Street Address: 2021 ARIZONA AVENUE		**City and State:** SANTA MONICA CA 90404	
Participation: MEDICARE SNF	**# of Beds:** 235	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
171	19	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	11.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	143	83.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	143	83.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	83.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	66.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	40.9	42.9	37.7
Completely bedfast residents.	2	1.2	3.8	3.4
Residents confined to chairs.	117	68.4	58.6	50.8
Residents requiring restraints.	63	36.8	45.3	41.3
Confused or disoriented residents.	96	56.1	60.6	58.4
Residents with bed sores.	22	12.9	8.8	7.1
Residents receiving special skin care.	14	8.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERKLEY WEST CONVALESCENT HOSPITAL

Street Address: 1623 ARIZONA AVENUE		**City and State:** SANTA MONICA CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	2	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	97.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	97.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	85.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	90.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	55.0	42.9	37.7
Completely bedfast residents.	2	5.0	3.8	3.4
Residents confined to chairs.	15	37.5	58.6	50.8
Residents requiring restraints.	10	25.0	45.3	41.3
Confused or disoriented residents.	19	47.5	60.6	58.4
Residents with bed sores.	5	12.5	8.8	7.1
Residents receiving special skin care.	12	30.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST ARIZONA NURSING CENTER

Street Address: 1330 17TH STREET	**City and State:** SANTA MONICA CA 90404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 5	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	77.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	85.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	82.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	82.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	79.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	33.9	42.9	37.7
Completely bedfast residents.	4	6.5	3.8	3.4
Residents confined to chairs.	49	79.0	58.6	50.8
Residents requiring restraints.	49	79.0	45.3	41.3
Confused or disoriented residents.	55	88.7	60.6	58.4
Residents with bed sores.	10	16.1	8.8	7.1
Residents receiving special skin care.	26	41.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST SANTA MONICA NURSING CTR

Street Address:	**City and State:**
1321 FRANKLIN STREET	SANTA MONICA CA 90404

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	59	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	6	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	76.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	94.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	91.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	91.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	83.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	51	91.1	58.6	50.8
Residents requiring restraints.	16	28.6	45.3	41.3
Confused or disoriented residents.	41	73.2	60.6	58.4
Residents with bed sores.	2	3.6	8.8	7.1
Residents receiving special skin care.	3	5.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESCENT BAY CONVALESCENT HOSPITAL

Street Address: 1437 14TH STREET		**City and State:** SANTA MONICA CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	18	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	57	90.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	81.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	46.0	42.9	37.7
Completely bedfast residents.	4	6.3	3.8	3.4
Residents confined to chairs.	42	66.7	58.6	50.8
Residents requiring restraints.	31	49.2	45.3	41.3
Confused or disoriented residents.	24	38.1	60.6	58.4
Residents with bed sores.	4	6.3	8.8	7.1
Residents receiving special skin care.	38	60.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIRESIDE CONV HOSP

Street Address: 947 3RD ST	**City and State:** SANTA MONICA CA 90403

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	93.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	96.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	96.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	83.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	96.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	35.5	42.9	37.7
Completely bedfast residents.	2	3.2	3.8	3.4
Residents confined to chairs.	60	96.8	58.6	50.8
Residents requiring restraints.	28	45.2	45.3	41.3
Confused or disoriented residents.	55	88.7	60.6	58.4
Residents with bed sores.	6	9.7	8.8	7.1
Residents receiving special skin care.	62	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SHEPHERD CONVALESCENT HOSP

Street Address: 1131 ARIZONA AVE	**City and State:** SANTA MONICA CA 90404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	97.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	94.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	88.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	74.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	51.4	42.9	37.7
Completely bedfast residents.	2	5.7	3.8	3.4
Residents confined to chairs.	26	74.3	58.6	50.8
Residents requiring restraints.	20	57.1	45.3	41.3
Confused or disoriented residents.	34	97.1	60.6	58.4
Residents with bed sores.	2	5.7	8.8	7.1
Residents receiving special skin care.	15	42.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCEANVIEW CONVALESCENT HOSPITAL

Street Address: 1340-15TH STREET		**City and State:** SANTA MONICA CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 227	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	92.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	20	35.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	98.2	42.9	37.7
Completely bedfast residents.	55	98.2	3.8	3.4
Residents confined to chairs.	1	1.8	58.6	50.8
Residents requiring restraints.	36	64.3	45.3	41.3
Confused or disoriented residents.	1	1.8	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC CONV HOSP

Street Address: 1323 17TH ST	**City and State:** SANTA MONICA CA 90404

Participation: MEDICARE SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	92.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	88.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	90.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	47.6	42.9	37.7
Completely bedfast residents.	3	7.1	3.8	3.4
Residents confined to chairs.	19	45.2	58.6	50.8
Residents requiring restraints.	25	59.5	45.3	41.3
Confused or disoriented residents.	31	73.8	60.6	58.4
Residents with bed sores.	1	2.4	8.8	7.1
esidents receiving special skin care.	6	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA MONICA CONVALARIUM

Street Address: 1320 20TH STREET		**City and State:** SANTA MONICA CA 90404	
Participation: MEDICARE SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	89.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	70.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	12.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	26	54.2	58.6	50.8
Residents requiring restraints.	27	56.3	45.3	41.3
Confused or disoriented residents.	28	58.3	60.6	58.4
Residents with bed sores.	10	20.8	8.8	7.1
Residents receiving special skin care.	24	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA MONICA CONVALESCENT CENTER #1

Street Address: 2828 PiCO BLVD		**City and State:** SANTA MONICA CA 90405	
Participation: MEDICAID SNF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	94.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	97.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	29	76.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	76.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	38	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	5	13.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA MONICA CONVALESCENT CENTER II

Street Address: 2250 29TH STREET	**City and State:** SANTA MONICA CA 90405

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 3	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	97.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	92.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	97.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	92.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	33	82.5	58.6	50.8
Residents requiring restraints.	27	67.5	45.3	41.3
Confused or disoriented residents.	40	100	60.6	58.4
Residents with bed sores.	3	7.5	8.8	7.1
Residents receiving special skin care.	8	20.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA MONICA HOSP MEDICAL CENTER

Street Address: 1225 15TH ST	**City and State:** SANTA MONICA CA 90404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA PAULA HEALTH CARE

Street Address: 220 W MAIN ST		**City and State:** SANTA PAULA CA 93060	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	77.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	89.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	87.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	75.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	20.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	49	100	58.6	50.8
Residents requiring restraints.	30	61.2	45.3	41.3
Confused or disoriented residents.	31	63.3	60.6	58.4
Residents with bed sores.	3	6.1	8.8	7.1
Residents receiving special skin care.	49	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN PINES HEALTH CARE

Street Address: 250 MARCH ST		**City and State:** SANTA PAULA CA 93060	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	92.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	90.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	57.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	32.0	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	85	87.6	58.6	50.8
Residents requiring restraints.	83	85.6	45.3	41.3
Confused or disoriented residents.	38	39.2	60.6	58.4
Residents with bed sores.	5	5.2	8.8	7.1
Residents receiving special skin care.	43	44.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CREEKSIDE CONV HOSP

Street Address: 850 SONOMA AVE	**City and State:** SANTA ROSA CA 95404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 181	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 7	**Medicaid Residents:** 125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	167	94.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	173	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	168	94.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	94.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	176	99.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	35.0	42.9	37.7
Completely bedfast residents.	8	4.5	3.8	3.4
Residents confined to chairs.	127	71.8	58.6	50.8
Residents requiring restraints.	121	68.4	45.3	41.3
Confused or disoriented residents.	120	67.8	60.6	58.4
Residents with bed sores.	24	13.6	8.8	7.1
Residents receiving special skin care.	91	51.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDS HOUSE

Street Address: 684 BENICIA DR	**City and State:** SANTA ROSA CA 95405

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	96.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	96.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	76.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	23.1	42.9	37.7
Completely bedfast residents.	1	3.8	3.8	3.4
Residents confined to chairs.	14	53.8	58.6	50.8
Residents requiring restraints.	13	50.0	45.3	41.3
Confused or disoriented residents.	14	53.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	8	30.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONDON HOUSE CONVALESCENT HOSPITAL

Street Address: 4650 HOEN AVE		**City and State:** SANTA ROSA CA 95405	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	50	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	53.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	74.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	74.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	74.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	46.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARALIE CONVALESCENT HOSPITAL

Street Address: 2080 GUERNEVILLE ROAD	**City and State:** SANTA ROSA CA 95401

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	1	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	86.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	92.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	94.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	94.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	26.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	17	34.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	25	50.0	60.6	58.4
Residents with bed sores.	3	6.0	8.8	7.1
Residents receiving special skin care.	20	40.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTGOMERY MANOR

Street Address: 3751 MONTGOMERY DR		**City and State:** SANTA ROSA CA 95405	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	84.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	107	92.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	97	83.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	90.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	57.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	52.6	42.9	37.7
Completely bedfast residents.	14	12.1	3.8	3.4
Residents confined to chairs.	87	75.0	58.6	50.8
Residents requiring restraints.	78	67.2	45.3	41.3
Confused or disoriented residents.	50	43.1	60.6	58.4
Residents with bed sores.	17	14.7	8.8	7.1
Residents receiving special skin care.	28	24.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH COAST REHAB CENTER

Street Address: 151 SOTOYOME ST		**City and State:** SANTA ROSA CA 95405	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	17	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	94.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	19	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	19	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	68.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	8	42.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	31.6	42.9	37.7
Completely bedfast residents.	2	10.5	3.8	3.4
Residents confined to chairs.	10	52.6	58.6	50.8
Residents requiring restraints.	5	26.3	45.3	41.3
Confused or disoriented residents.	6	31.6	60.6	58.4
Residents with bed sores.	4	21.1	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self–help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA ROSA CONV HOSP

Street Address: 446 ARROWOOD DR	**City and State:** SANTA ROSA CA 95401

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	59	PROPRIETARY	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	98.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	98.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	87.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	94.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	43.9	42.9	37.7
Completely bedfast residents.	2	3.5	3.8	3.4
Residents confined to chairs.	40	70.2	58.6	50.8
Residents requiring restraints.	31	54.4	45.3	41.3
Confused or disoriented residents.	43	75.4	60.6	58.4
Residents with bed sores.	9	15.8	8.8	7.1
Residents receiving special skin care.	10	17.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING LAKE VILLAGE

Street Address: 5555 MONTGOMERY DR	**City and State:** SANTA ROSA CA 95404

Participation: MEDICARE SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 4	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	84.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	45.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	72.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	50.0	42.9	37.7
Completely bedfast residents.	1	2.3	3.8	3.4
Residents confined to chairs.	37	84.1	58.6	50.8
Residents requiring restraints.	25	56.8	45.3	41.3
Confused or disoriented residents.	19	43.2	60.6	58.4
Residents with bed sores.	1	2.3	8.8	7.1
Residents receiving special skin care.	2	4.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMERFIELD CONV HOSP

Street Address: 1280 SUMMERFIELD RD	**City and State:** SANTA ROSA CA 95405

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	88.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	94.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	61	89.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	85.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	38.2	42.9	37.7
Completely bedfast residents.	1	1.5	3.8	3.4
Residents confined to chairs.	31	45.6	58.6	50.8
Residents requiring restraints.	33	48.5	45.3	41.3
Confused or disoriented residents.	31	45.6	60.6	58.4
Residents with bed sores.	8	11.8	8.8	7.1
Residents receiving special skin care.	3	4.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VISTA CONVALESCENT HOSP

Street Address: 5270 LOS ANGELES AVE		**City and State:** SANTA SUSANA CA 93065	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	4	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	98.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	97.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	65.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	32.2	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	81	90.0	58.6	50.8
Residents requiring restraints.	78	86.7	45.3	41.3
Confused or disoriented residents.	64	71.1	60.6	58.4
Residents with bed sores.	10	11.1	8.8	7.1
Residents receiving special skin care.	15	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEMOOR GERIATRIC HOSPITAL

Street Address: 9065 EDGEMOOR DR		**City and State:** SANTEE CA 92071	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 323	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
286	6	276

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	250	87.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	231	80.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	229	80.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	212	74.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	251	87.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	154	53.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	177	61.9	58.6	50.8
Residents requiring restraints.	207	72.4	45.3	41.3
Confused or disoriented residents.	234	81.8	60.6	58.4
Residents with bed sores.	16	5.6	8.8	7.1
Residents receiving special skin care.	204	71.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STANFORD COURT NURSING CENTER

Street Address: 8778 CUYUMACA ST	**City and State:** SANTEE CA 92071

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	81.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	31.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	6.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	25.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	3	18.8	58.6	50.8
Residents requiring restraints.	3	18.8	45.3	41.3
Confused or disoriented residents.	6	37.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ODD FELLOWS HOME OF CA INFIRMARY

Street Address: 14500 FRUITVALE AVE		**City and State:** SARATOGA CA 95070	
Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	75.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	86.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	75.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	75.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	21	35.0	58.6	50.8
Residents requiring restraints.	18	30.0	45.3	41.3
Confused or disoriented residents.	43	71.7	60.6	58.4
Residents with bed sores.	4	6.7	8.8	7.1
Residents receiving special skin care.	6	10.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUR LADY OF FATIMA VILLA NURSING HOME

Street Address: 20400 SARATOGA LOS GATOS ROAD		**City and State:** SARATOGA CA 95070	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 85	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	1	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	96.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	89.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	89.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	76.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	7.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	35.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	48	57.1	58.6	50.8
Residents requiring restraints.	41	48.8	45.3	41.3
Confused or disoriented residents.	65	77.4	60.6	58.4
Residents with bed sores.	8	9.5	8.8	7.1
Residents receiving special skin care.	12	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SARATOGA PLACE CONV HOSP

Street Address: 18611 SOUSA LN	**City and State:** SARATOGA CA 95070

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 7	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	70.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	20	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	95.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	70.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	5.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	60.0	42.9	37.7
Completely bedfast residents.	8	40.0	3.8	3.4
Residents confined to chairs.	6	30.0	58.6	50.8
Residents requiring restraints.	1	5.0	45.3	41.3
Confused or disoriented residents.	4	20.0	60.6	58.4
Residents with bed sores.	6	30.0	8.8	7.1
Residents receiving special skin care.	14	70.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 3000 BEVERLY MANOR RD		**City and State:** SEAL BEACH CA 90740	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 198	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
186	3	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	74.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	169	90.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	154	82.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	69.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	38.7	42.9	37.7
Completely bedfast residents.	5	2.7	3.8	3.4
Residents confined to chairs.	153	82.3	58.6	50.8
Residents requiring restraints.	115	61.8	45.3	41.3
Confused or disoriented residents.	119	64.0	60.6	58.4
Residents with bed sores.	8	4.3	8.8	7.1
Residents receiving special skin care.	29	15.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIRCREST CONV HOSPITAL

Street Address: 7025 CORLINE COURT		**City and State:** SEBASTOPOL CA 94572	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	95.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	70.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	36	76.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	76.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	48.9	42.9	37.7
Completely bedfast residents.	4	8.5	3.8	3.4
Residents confined to chairs.	30	63.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	20	42.6	60.6	58.4
Residents with bed sores.	3	6.4	8.8	7.1
Residents receiving special skin care.	8	17.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAVENSTEIN CONV HOSPITAL

Street Address: 1035 GRAVENSTEIN AVE		**City and State:** SEBASTOPOL CA 95472	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	2	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	98.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	78	94.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	71	85.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	91.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	80.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.1	42.9	37.7
Completely bedfast residents.	2	2.4	3.8	3.4
Residents confined to chairs.	55	66.3	58.6	50.8
Residents requiring restraints.	46	55.4	45.3	41.3
Confused or disoriented residents.	61	73.5	60.6	58.4
Residents with bed sores.	9	10.8	8.8	7.1
Residents receiving special skin care.	9	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEBASTOPOL CONVALESCENT HOSPITAL

Street Address: 477 PETALUMA AVENUE		**City and State:** SEBASTOPOL CA 95472	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	29	87.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	29	87.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	90.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	81.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	33.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	21	63.6	58.6	50.8
Residents requiring restraints.	9	27.3	45.3	41.3
Confused or disoriented residents.	28	84.8	60.6	58.4
Residents with bed sores.	3	9.1	8.8	7.1
Residents receiving special skin care.	4	12.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHEL LUTHERAN HOME INC

Street Address: 2280 DOCKERY AVENUE	**City and State:** SELMA CA 93662

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	97.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	70.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	62.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	45.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	43.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	16	33.3	58.6	50.8
Residents requiring restraints.	21	43.8	45.3	41.3
Confused or disoriented residents.	33	68.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SELMA CONVALESCENT HOSPITAL

Street Address: 2108 STILLMAN ST		**City and State:** SELMA CA 93662	
Participation: MEDICAID SNF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	97.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	32	97.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	72.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	84.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	24.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	20	60.6	58.6	50.8
Residents requiring restraints.	22	66.7	45.3	41.3
Confused or disoriented residents.	21	63.6	60.6	58.4
Residents with bed sores.	1	3.0	8.8	7.1
Residents receiving special skin care.	8	24.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERATON CONVALESCENT CENTER

Street Address: 9655 SEPULVEDA BOULEVARD	**City and State:** SEPULVEDA CA 91343

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 138	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 3	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	91.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	117	95.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	117	95.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	87.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	67.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	50.4	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	68	55.3	58.6	50.8
Residents requiring restraints.	88	71.5	45.3	41.3
Confused or disoriented residents.	114	92.7	60.6	58.4
Residents with bed sores.	29	23.6	8.8	7.1
Residents receiving special skin care.	118	95.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHAFTER CONVALESCENT HOSPITAL

Street Address: 140 E TULARE ST	**City and State:** SHAFTER CA 93263

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	84.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	85.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	82.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	77.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	78.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	41.2	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	65	67.0	58.6	50.8
Residents requiring restraints.	38	39.2	45.3	41.3
Confused or disoriented residents.	37	38.1	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	36	37.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERMAN OAKS CONVALESCENT HOSPITAL

Street Address: 14401 HUSTON STREET	**City and State:** SHERMAN OAKS CA 91403

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 3	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	110	94.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	104	88.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	86.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	78.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	43.6	42.9	37.7
Completely bedfast residents.	4	3.4	3.8	3.4
Residents confined to chairs.	104	88.9	58.6	50.8
Residents requiring restraints.	65	55.6	45.3	41.3
Confused or disoriented residents.	67	57.3	60.6	58.4
Residents with bed sores.	26	22.2	8.8	7.1
Residents receiving special skin care.	15	12.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA MADRE SKILLED NURSING FACILITY

Street Address: 225 W SIERRA MADRE BOULEVARD		**City and State:** SIERRA MADRE CA 91024	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	3	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	67.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	84.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	94.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	94.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	73.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	26.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	43	81.1	58.6	50.8
Residents requiring restraints.	47	88.7	45.3	41.3
Confused or disoriented residents.	19	35.8	60.6	58.4
Residents with bed sores.	4	7.5	8.8	7.1
Residents receiving special skin care.	18	34.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST SOUTH BAY NURSING CENTER

Street Address: 2901 E PACIFIC COAST HWY		**City and State:** SIGNAL HILL CA 90806	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 17	**Medicaid Residents:** 131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	55.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	161	92.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	155	89.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	93.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	90.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	85	48.9	42.9	37.7
Completely bedfast residents.	16	9.2	3.8	3.4
Residents confined to chairs.	132	75.9	58.6	50.8
Residents requiring restraints.	112	64.4	45.3	41.3
Confused or disoriented residents.	112	64.4	60.6	58.4
Residents with bed sores.	28	16.1	8.8	7.1
Residents receiving special skin care.	36	20.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CHRISTOPHER CONVALESCENT HOSPITAL

Street Address: 1880 DAWSON AVE		**City and State:** SIGNAL HILL CA 90806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	94.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	84.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	70.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	64.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	82.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	28.1	42.9	37.7
Completely bedfast residents.	3	5.3	3.8	3.4
Residents confined to chairs.	37	64.9	58.6	50.8
Residents requiring restraints.	18	31.6	45.3	41.3
Confused or disoriented residents.	32	56.1	60.6	58.4
Residents with bed sores.	5	8.8	8.8	7.1
Residents receiving special skin care.	46	80.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW MANOR

Street Address: 2375 CALIFORNIA AVE	**City and State:** SIGNAL HILL CA 90806

Participation: MEDICAID ICF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 0	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	2	100	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	2	100	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	1	50.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	50.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	1	50.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIMI VALLEY ADVENTIST HOSPITAL

Street Address: 2975 SYCAMORE DR	**City and State:** SIMI, CA 93065

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 12	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	48.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	16	64.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	15	60.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	32.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	32.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	48.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA YNEZ VALLEY RECOVERY RESIDENCE

Street Address: 636 ATTERDAY RD		**City and State:** SOLVANG CA 93463	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	78.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	78.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	51.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	57.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	31.9	42.9	37.7
Completely bedfast residents.	1	2.1	3.8	3.4
Residents confined to chairs.	19	40.4	58.6	50.8
Residents requiring restraints.	11	23.4	45.3	41.3
Confused or disoriented residents.	12	25.5	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	33	70.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-SONOMA NURS & REHAB CTR

Street Address: 1250 BROADWAY		**City and State:** SONOMA CA 95476	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	7	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	82.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	117	93.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	117	93.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	91.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	46.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	16.0	42.9	37.7
Completely bedfast residents.	7	5.6	3.8	3.4
Residents confined to chairs.	110	88.0	58.6	50.8
Residents requiring restraints.	61	48.8	45.3	41.3
Confused or disoriented residents.	92	73.6	60.6	58.4
Residents with bed sores.	19	15.2	8.8	7.1
Residents receiving special skin care.	117	93.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONDON HOUSE CONVALESCENT HOSPITAL

Street Address: 678 SECOND STREET WEST		**City and State:** SONOMA CA 95476	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	2	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	97.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	68	94.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	95.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	97.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	51.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	68	94.4	58.6	50.8
Residents requiring restraints.	65	90.3	45.3	41.3
Confused or disoriented residents.	63	87.5	60.6	58.4
Residents with bed sores.	19	26.4	8.8	7.1
Residents receiving special skin care.	3	4.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SONOMA VALLEY HOSPITAL

Street Address: 347 ANDRIEUX ST		**City and State:** SONOMA CA 95476	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 8	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 7	**Medicare Residents:** 7	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	71.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	6	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	6	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	42.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	28.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	28.6	58.6	50.8
Residents requiring restraints.	1	14.3	45.3	41.3
Confused or disoriented residents.	1	14.3	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA CARE CENTER

Street Address: 1 SOUTH FOREST RD		**City and State:** SONORA CA 95370	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	83.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	90.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	83.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	80.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	61.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	41.9	42.9	37.7
Completely bedfast residents.	1	3.2	3.8	3.4
Residents confined to chairs.	16	51.6	58.6	50.8
Residents requiring restraints.	9	29.0	45.3	41.3
Confused or disoriented residents.	22	71.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	11	35.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SONORA CONV HOSP

Street Address: 538 PONDEROSA DR	**City and State:** SONORA CA 95370

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	91.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	34	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	94.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	82.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	26.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	34	100	58.6	50.8
Residents requiring restraints.	22	64.7	45.3	41.3
Confused or disoriented residents.	24	70.6	60.6	58.4
Residents with bed sores.	2	5.9	8.8	7.1
Residents receiving special skin care.	10	29.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TUOLUMNE GENERAL HOSPITAL SNF

Street Address: 101 E HOSPITAL RD	**City and State:** SONORA CA 95370

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 64	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	96.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	90.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	90.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	87.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	90.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	9.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	16.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	6	19.4	45.3	41.3
Confused or disoriented residents.	22	71.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	6	19.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STATE CONV HOSP

Street Address: 8455 STATE STREET	**City and State:** SOUTH GATE CA 90280

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 4	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	89.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	84	89.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	86.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	75.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	72.3	42.9	37.7
Completely bedfast residents.	4	4.3	3.8	3.4
Residents confined to chairs.	41	43.6	58.6	50.8
Residents requiring restraints.	42	44.7	45.3	41.3
Confused or disoriented residents.	12	12.8	60.6	58.4
Residents with bed sores.	10	10.6	8.8	7.1
Residents receiving special skin care.	4	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH PASADENA CONVALESCENT HOSPITAL

Street Address: 904 MISSION STREET	**City and State:** SOUTH PASADENA CA 91030

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	9	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	93.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	121	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	121	93.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	93.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	94.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	40.8	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	83	63.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	92	70.8	60.6	58.4
Residents with bed sores.	10	7.7	8.8	7.1
Residents receiving special skin care.	28	21.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT MIGUEL COVENANT VILLAGE HLTH FAC

Street Address: 325 KEMPTON ST		**City and State:** SPRING VALLEY CA 92077	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	2	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	79.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	71	73.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	71.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	68.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	40.2	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	72	74.2	58.6	50.8
Residents requiring restraints.	51	52.6	45.3	41.3
Confused or disoriented residents.	45	46.4	60.6	58.4
Residents with bed sores.	2	2.1	8.8	7.1
Residents receiving special skin care.	33	34.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING VALLEY CONV HOSP

Street Address: 9009 CAMPO RD	**City and State:** SPRING VALLEY CA 92077

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 1	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	85.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	65	87.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	95.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	59.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.7	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	17	23.0	58.6	50.8
Residents requiring restraints.	51	68.9	45.3	41.3
Confused or disoriented residents.	38	51.4	60.6	58.4
Residents with bed sores.	11	14.9	8.8	7.1
Residents receiving special skin care.	15	20.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILSON MANOR CONVALESCENT HOSPITAL INC

Street Address: 8625 LAMAR ST	**City and State:** SPRING VALLEY CA 92077

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	50	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	80.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	83.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	78.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	83.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	59.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	40.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	46	97.9	58.6	50.8
Residents requiring restraints.	41	87.2	45.3	41.3
Confused or disoriented residents.	31	66.0	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	13	27.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANTONETTE'S ICF

Street Address: 5964 GLEN STREET	**City and State:** STOCKTON CA 95207

Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	1	100	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	1	100	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	4.1	29.3
Completely bedfast residents.	1	100	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	1	100	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR OF STOCKTON

Street Address: 2740 N CALIFORNIA STREET	**City and State:** STOCKTON CA 95204

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 1	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	92	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	90.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	90.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	85.4	58.6	50.8
Residents requiring restraints.	62	64.6	45.3	41.3
Confused or disoriented residents.	70	72.9	60.6	58.4
Residents with bed sores.	6	6.3	8.8	7.1
Residents receiving special skin care.	96	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARRINGTON CONV HOSP

Street Address: 5320 CARRINGTON CIRCLE	**City and State:** STOCKTON CA 95207

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	88.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	85.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	85.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	85.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	55.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	34.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	69	79.3	58.6	50.8
Residents requiring restraints.	57	65.5	45.3	41.3
Confused or disoriented residents.	37	42.5	60.6	58.4
Residents with bed sores.	8	9.2	8.8	7.1
Residents receiving special skin care.	23	26.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATEAU CONVALESCENT HOSPITAL

Street Address: 1221 ROSE MARIE LANE		**City and State:** STOCKTON CA 95207	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 1	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	85.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	95.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	90.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	85.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	64.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	46.7	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	88	83.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	68	64.8	60.6	58.4
Residents with bed sores.	3	2.9	8.8	7.1
Residents receiving special skin care.	17	16.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below dces not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD MANOR

Street Address: 1130 MONACO COURT

City and State: STOCKTON CA 95207

Participation: MEDICAID SNF

# of Beds: 192

Type of Ownership: PROPRIETARY

Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190

Medicare Residents: 0

Medicaid Residents: 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	64.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	75.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	28.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	12.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	33.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	37.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	6	3.2	58.6	50.8
Residents requiring restraints.	10	5.3	45.3	41.3
Confused or disoriented residents.	190	100	60.6	58.4
Residents with bed sores.	1	0.5	8.8	7.1
Residents receiving special skin care.	9	4.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELTA VALLEY CONV HOSP

Street Address: 1032 N LINCOLN ST	**City and State:** STOCKTON CA 95203

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	76.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	66	98.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	64	95.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	94.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	41.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	58.2	42.9	37.7
Completely bedfast residents.	1	1.5	3.8	3.4
Residents confined to chairs.	47	70.1	58.6	50.8
Residents requiring restraints.	36	53.7	45.3	41.3
Confused or disoriented residents.	36	53.7	60.6	58.4
Residents with bed sores.	3	4.5	8.8	7.1
Residents receiving special skin care.	22	32.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELMHAVEN CONV HOSP INC

Street Address: 6940 PACIFIC AVE	**City and State:** STOCKTON CA 95207

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 2	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	68.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	88.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	72.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	91.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	67.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	27.5	42.9	37.7
Completely bedfast residents.	3	2.8	3.8	3.4
Residents confined to chairs.	66	60.6	58.6	50.8
Residents requiring restraints.	49	45.0	45.3	41.3
Confused or disoriented residents.	69	63.3	60.6	58.4
Residents with bed sores.	3	2.8	8.8	7.1
Residents receiving special skin care.	21	19.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN REHAB AND CARE CENTER

Street Address: 1630 N EDISON ST		**City and State:** STOCKTON CA 95204	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 5	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	71.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	98	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	91.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	91.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	91.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	37.8	42.9	37.7
Completely bedfast residents.	10	10.2	3.8	3.4
Residents confined to chairs.	70	71.4	58.6	50.8
Residents requiring restraints.	70	71.4	45.3	41.3
Confused or disoriented residents.	90	91.8	60.6	58.4
Residents with bed sores.	16	16.3	8.8	7.1
Residents receiving special skin care.	15	15.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HY-PANA HOUSE CONVALESCENT HOSPITAL

Street Address: 4520 N EL DORADO AVENUE		**City and State:** STOCKTON CA 95207	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 119	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LASALETTE REHAB + CONV HOSP

Street Address: 537 E FULTON ST		**City and State:** STOCKTON CA 95204	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	1	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	90.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	100	90.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	82.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	55.9	42.9	37.7
Completely bedfast residents.	2	1.8	3.8	3.4
Residents confined to chairs.	100	90.1	58.6	50.8
Residents requiring restraints.	91	82.0	45.3	41.3
Confused or disoriented residents.	82	73.9	60.6	58.4
Residents with bed sores.	1	0.9	8.8	7.1
Residents receiving special skin care.	11	9.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLYMOUTH SQUARE

Street Address: 1319 N MADISON	**City and State:** STOCKTON CA 95202

Participation: MEDICAID SNF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	29	78.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	36	97.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	97.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	97.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	22	59.5	58.6	50.8
Residents requiring restraints.	18	48.6	45.3	41.3
Confused or disoriented residents.	35	94.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	19	51.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STOCKTON STATE HOSP - SNF

Street Address: 510 E MAGNOLIA ST		**City and State:** STOCKTON CA 95202	
Participation: MEDICAID SNF	**# of Beds:** 604	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	92.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	97.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	41	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY GARDENS HEALTH CARE CENTER

Street Address: 1517 KNICKERBOCKER		**City and State:** STOCKTON CA 95210	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	75.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	3	75.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	3	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	50.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	25.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	25.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	1	25.0	45.3	41.3
Confused or disoriented residents.	2	50.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMPERIAL CONVALESCENT HOSP

Street Address: 11441 VENTURA BOULEVARD		**City and State:** STUDIO CITY CA 91604	
Participation: MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	130	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	101	77.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	60.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	76.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	53.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	78	60.0	58.6	50.8
Residents requiring restraints.	102	78.5	45.3	41.3
Confused or disoriented residents.	130	100	60.6	58.4
Residents with bed sores.	9	6.9	8.8	7.1
Residents receiving special skin care.	44	33.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STUDIO CITY CONVALESCENT HOSPITAL

Street Address: 11429 VENTURA BOULEVARD		**City and State:** STUDIO CITY CA 91604	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	107	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	101	94.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	94.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	50.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	103	96.3	58.6	50.8
Residents requiring restraints.	88	82.2	45.3	41.3
Confused or disoriented residents.	89	83.2	60.6	58.4
Residents with bed sores.	4	3.7	8.8	7.1
Residents receiving special skin care.	20	18.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUN CITY CONV CTR

Street Address: 27600 ENCANTO DRIVE		**City and State:** SUN CITY CA 92381	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	85.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	81.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	81.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	24.2	42.9	37.7
Completely bedfast residents.	6	6.1	3.8	3.4
Residents confined to chairs.	51	51.5	58.6	50.8
Residents requiring restraints.	54	54.5	45.3	41.3
Confused or disoriented residents.	25	25.3	60.6	58.4
Residents with bed sores.	8	8.1	8.8	7.1
Residents receiving special skin care.	8	8.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFICA HOSPITAL OF THE VALLEY

Street Address: 9449 SAN FERNANDO ROAD	**City and State:** SUN VALLEY CA 91342

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 4	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	30	73.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	97.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	85.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	82.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	73.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	73.2	42.9	37.7
Completely bedfast residents.	4	9.8	3.8	3.4
Residents confined to chairs.	20	48.8	58.6	50.8
Residents requiring restraints.	10	24.4	45.3	41.3
Confused or disoriented residents.	31	75.6	60.6	58.4
Residents with bed sores.	2	4.9	8.8	7.1
Residents receiving special skin care.	16	39.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DIANA LYNN LODGE

Street Address: 8647 FENWICK STREET	**City and State:** SUNLAND CA 91040

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	73.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	93.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	93.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	95.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	75.5	42.9	37.7
Completely bedfast residents.	1	2.0	3.8	3.4
Residents confined to chairs.	43	87.8	58.6	50.8
Residents requiring restraints.	43	87.8	45.3	41.3
Confused or disoriented residents.	41	83.7	60.6	58.4
Residents with bed sores.	3	6.1	8.8	7.1
Residents receiving special skin care.	3	6.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGH VALLEY LODGE

Street Address: 7912 TOPLEY LANE	**City and State:** SUNLAND CA 91040

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 2	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	81.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	72.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	72.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	62.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	68.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	17	35.4	58.6	50.8
Residents requiring restraints.	21	43.8	45.3	41.3
Confused or disoriented residents.	28	58.3	60.6	58.4
Residents with bed sores.	6	12.5	8.8	7.1
Residents receiving special skin care.	15	31.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW TERRACE SANITARIUM

Street Address: 9601 FOOTHILL BLVD	**City and State:** SUNLAND CA 91040

Participation: MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	95.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	95.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	2.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	58.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	17.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	2.4	58.6	50.8
Residents requiring restraints.	2	2.4	45.3	41.3
Confused or disoriented residents.	84	100	60.6	58.4
Residents with bed sores.	1	1.2	8.8	7.1
Residents receiving special skin care.	3	3.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADOW HILLS CONV HOSP

Street Address: 10158 SUNLAND BLVD	**City and State:** SUNLAND CA 91040

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	96.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	49	83.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	96.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	86.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	83.1	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	57	96.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	40	67.8	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HY-LOND CONVALESCENT HOSPITAL

Street Address: 797 E FREMONT AVE	**City and State:** SUNNYVALE CA 94087

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	94.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	72.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	72.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.0	42.9	37.7
Completely bedfast residents.	3	3.1	3.8	3.4
Residents confined to chairs.	83	86.5	58.6	50.8
Residents requiring restraints.	41	42.7	45.3	41.3
Confused or disoriented residents.	81	84.4	60.6	58.4
Residents with bed sores.	6	6.3	8.8	7.1
Residents receiving special skin care.	6	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDYLWOOD ACRES CONV HOSP

Street Address: 1002 W FREMONT AVE		**City and State:** SUNNYVALE CA 94087	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 185	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	1	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	178	98.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	167	92.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	155	86.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	76.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	145	80.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	7	3.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	85	47.2	42.9	37.7
Completely bedfast residents.	2	1.1	3.8	3.4
Residents confined to chairs.	48	26.7	58.6	50.8
Residents requiring restraints.	126	70.0	45.3	41.3
Confused or disoriented residents.	150	83.3	60.6	58.4
Residents with bed sores.	19	10.6	8.8	7.1
Residents receiving special skin care.	67	37.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYVALE CONVALESCENT HOSPITAL

Street Address: 1291 S BERNARDO AVENUE	**City and State:** SUNNYVALE CA 94087

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 1	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	89.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	92.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	76	80.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	83.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	73.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	36.8	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	63	66.3	58.6	50.8
Residents requiring restraints.	65	68.4	45.3	41.3
Confused or disoriented residents.	85	89.5	60.6	58.4
Residents with bed sores.	19	20.0	8.8	7.1
Residents receiving special skin care.	60	63.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-SUSANVILLE NURSING CENTER

Street Address: 2005 RIVER ST	**City and State:** SUSANVILLE CA 96130

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 3	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	94.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	85.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	69	76.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	98.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	73.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	50.0	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	37	41.1	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	54	60.0	60.6	58.4
Residents with bed sores.	6	6.7	8.8	7.1
Residents receiving special skin care.	59	65.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LASSEN MEMORIAL HOSPITAL - SNF

Street Address: HOSPITAL LANE + WEST ST		**City and State:** SUSANVILLE CA 96130	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 2	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	81.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	81.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	77.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	77.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	37.0	42.9	37.7
Completely bedfast residents.	2	7.4	3.8	3.4
Residents confined to chairs.	18	66.7	58.6	50.8
Residents requiring restraints.	10	37.0	45.3	41.3
Confused or disoriented residents.	21	77.8	60.6	58.4
Residents with bed sores.	2	7.4	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASTORIA CONVALESCENT HOSPITAL

Street Address: 14040 ASTORIA STREET		**City and State:** SYLMAR CA 91342	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 199	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
187	2	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	56.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	139	74.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	115	61.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	65.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	61.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	104	55.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	98	52.4	58.6	50.8
Residents requiring restraints.	86	46.0	45.3	41.3
Confused or disoriented residents.	150	80.2	60.6	58.4
Residents with bed sores.	10	5.3	8.8	7.1
Residents receiving special skin care.	136	72.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOOTHILL HEALTH REHAB CTR

Street Address: 12260 FOOTHILL BLVD		**City and State:** SYLMAR CA 91342	
Participation: MEDICAID SNF	**# of Beds:** 204	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
177	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	25.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	25.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	25	14.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	18	10.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN VIEW SANITARIUM

Street Address: 13333 FENTON AVENUE		**City and State:** SYLMAR CA 91342	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	98.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	95	86.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	81.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	77.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	74.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	33.6	42.9	37.7
Completely bedfast residents.	2	1.8	3.8	3.4
Residents confined to chairs.	80	72.7	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	68	61.8	60.6	58.4
Residents with bed sores.	5	4.5	8.8	7.1
Residents receiving special skin care.	20	18.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFIC REGENCY/TAFT

Street Address: 111 W ASH ST		**City and State:** TAFT CA 93268	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	31	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	48.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	23	69.7	58.6	50.8
Residents requiring restraints.	11	33.3	45.3	41.3
Confused or disoriented residents.	20	60.6	60.6	58.4
Residents with bed sores.	5	15.2	8.8	7.1
Residents receiving special skin care.	33	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TARZANA HEALTH CARE CENTER

Street Address: 5650 RESEDA BOULEVARD	**City and State:** TARZANA CA 91356

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 6	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	149	87.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	143	83.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	127	74.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	82.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	121	70.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	38.0	42.9	37.7
Completely bedfast residents.	3	1.8	3.8	3.4
Residents confined to chairs.	130	76.0	58.6	50.8
Residents requiring restraints.	90	52.6	45.3	41.3
Confused or disoriented residents.	96	56.1	60.6	58.4
Residents with bed sores.	19	11.1	8.8	7.1
Residents receiving special skin care.	43	25.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN CONVALESCENT CENTER

Street Address: 10786 E LIVE OAK AVE	**City and State:** TEMPLE CITY CA 91780

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	89.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	91.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	89.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	89.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	38.6	42.9	37.7
Completely bedfast residents.	3	5.3	3.8	3.4
Residents confined to chairs.	40	70.2	58.6	50.8
Residents requiring restraints.	35	61.4	45.3	41.3
Confused or disoriented residents.	38	66.7	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA ANITA CONVALESCENT HOSPITAL

Street Address: 5522 GRACEWOOD AVENUE	**City and State:** TEMPLE CITY CA 91780

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 391	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 386	**Medicare Residents:** 2	**Medicaid Residents:** 267

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	380	98.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	351	90.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	322	83.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	363	94.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	278	72.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	9	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	174	45.1	42.9	37.7
Completely bedfast residents.	2	0.5	3.8	3.4
Residents confined to chairs.	230	59.6	58.6	50.8
Residents requiring restraints.	169	43.8	45.3	41.3
Confused or disoriented residents.	274	71.0	60.6	58.4
Residents with bed sores.	21	5.4	8.8	7.1
Residents receiving special skin care.	56	14.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TEMPLE CITY CONVALESCENT HOSPITAL

Street Address: 5101 TYLER AVENUE		**City and State:** TEMPLE CITY CA 91780	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	71.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	64.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	64.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	60.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	24.5	42.9	37.7
Completely bedfast residents.	2	3.8	3.8	3.4
Residents confined to chairs.	26	49.1	58.6	50.8
Residents requiring restraints.	26	49.1	45.3	41.3
Confused or disoriented residents.	20	37.7	60.6	58.4
Residents with bed sores.	3	5.7	8.8	7.1
Residents receiving special skin care.	3	5.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN CITIES CONVALESCENT CENTER

Street Address: 290 HEATHER COURT		**City and State:** TEMPLETON CA 93465	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	82.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	96.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	85.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	96.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	60.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	51.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	79	82.3	58.6	50.8
Residents requiring restraints.	79	82.3	45.3	41.3
Confused or disoriented residents.	78	81.3	60.6	58.4
Residents with bed sores.	8	8.3	8.8	7.1
Residents receiving special skin care.	86	89.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THOUSAND OAKS CONVALARIUM

Street Address: 93 WEST AVENIDA DE LOS ARBOLES		**City and State:** THOUSAND OAKS CA 91360	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	2	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	99.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	124	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	116	93.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	96.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	84.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	51.6	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	119	96.0	58.6	50.8
Residents requiring restraints.	98	79.0	45.3	41.3
Confused or disoriented residents.	94	75.8	60.6	58.4
Residents with bed sores.	3	2.4	8.8	7.1
Residents receiving special skin care.	82	66.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY CREST CONVALESCENT CENTER

Street Address: 3750 GARNET STREET		**City and State:** TORRANCE CA 90503	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	93.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	91.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	84.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	60.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	65.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	38.0	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	37	46.8	58.6	50.8
Residents requiring restraints.	27	34.2	45.3	41.3
Confused or disoriented residents.	42	53.2	60.6	58.4
Residents with bed sores.	9	11.4	8.8	7.1
Residents receiving special skin care.	29	36.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY HARBOR REHAB CENTER

Street Address: 3620 W LOMITA BLVD		**City and State:** TORRANCE CA 90505	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 212	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	40	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	77.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	147	92.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	143	89.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	94.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	81.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	41.5	42.9	37.7
Completely bedfast residents.	16	10.1	3.8	3.4
Residents confined to chairs.	119	74.8	58.6	50.8
Residents requiring restraints.	52	32.7	45.3	41.3
Confused or disoriented residents.	88	55.3	60.6	58.4
Residents with bed sores.	37	23.3	8.8	7.1
Residents receiving special skin care.	105	66.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEST CARE CONV HOSP

Street Address: 22035 S VERMONT AVE		**City and State:** TORRANCE CA 90502	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
190	2	158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	168	88.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	174	91.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	168	88.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	85.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	165	86.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	169	88.9	42.9	37.7
Completely bedfast residents.	27	14.2	3.8	3.4
Residents confined to chairs.	136	71.6	58.6	50.8
Residents requiring restraints.	105	55.3	45.3	41.3
Confused or disoriented residents.	110	57.9	60.6	58.4
Residents with bed sores.	25	13.2	8.8	7.1
Residents receiving special skin care.	11	5.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEL AMO GARDENS CONVALESCENT HOSPITAL

Street Address: 22419 KENT AVENUE		**City and State:** TORRANCE CA 90505	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	84.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	73.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	55	72.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	60.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	76.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	53.9	42.9	37.7
Completely bedfast residents.	3	3.9	3.8	3.4
Residents confined to chairs.	48	63.2	58.6	50.8
Residents requiring restraints.	27	35.5	45.3	41.3
Confused or disoriented residents.	41	53.9	60.6	58.4
Residents with bed sores.	2	2.6	8.8	7.1
Residents receiving special skin care.	1	1.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD CONVALESCENT HOSPITAL

Street Address: 4109 EMERALD AVENUE		**City and State:** TORRANCE CA 90503	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 5	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	77.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	88.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	89.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	85.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	82.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	50.0	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	65	70.7	58.6	50.8
Residents requiring restraints.	69	75.0	45.3	41.3
Confused or disoriented residents.	45	48.9	60.6	58.4
Residents with bed sores.	12	13.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EARLWOOD CONVALESCENT HOSPITAL

Street Address: 20820 EARL STREET		**City and State:** TORRANCE CA 90503	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	95.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	94.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	84.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	45.2	42.9	37.7
Completely bedfast residents.	3	3.6	3.8	3.4
Residents confined to chairs.	47	56.0	58.6	50.8
Residents requiring restraints.	54	64.3	45.3	41.3
Confused or disoriented residents.	46	54.8	60.6	58.4
Residents with bed sores.	23	27.4	8.8	7.1
Residents receiving special skin care.	5	6.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARBOR CONVALESCENT HOSPITAL

Street Address: 21521 S VERMONT AVENUE		**City and State:** TORRANCE CA 90502	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	91.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	100	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	94	78.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	65.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	68.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	37.5	42.9	37.7
Completely bedfast residents.	7	5.8	3.8	3.4
Residents confined to chairs.	82	68.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	74	61.7	60.6	58.4
Residents with bed sores.	13	10.8	8.8	7.1
Residents receiving special skin care.	4	3.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE CONVALESCENT CTR OF TORRANCE

Street Address: 21414 S VERMONT AVENUE		**City and State:** TORRANCE CA 90502	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 10	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	83.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	91.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	133	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	89.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	55.9	42.9	37.7
Completely bedfast residents.	5	3.4	3.8	3.4
Residents confined to chairs.	123	84.8	58.6	50.8
Residents requiring restraints.	106	73.1	45.3	41.3
Confused or disoriented residents.	97	66.9	60.6	58.4
Residents with bed sores.	18	12.4	8.8	7.1
Residents receiving special skin care.	40	27.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE COMPANY OF MARY PAVILION

Street Address: 4320 MARICOPA ST	**City and State:** TORRANCE CA 90503

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	9	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	70.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	96.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	87.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	84.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	41.0	42.9	37.7
Completely bedfast residents.	8	6.8	3.8	3.4
Residents confined to chairs.	91	77.8	58.6	50.8
Residents requiring restraints.	54	46.2	45.3	41.3
Confused or disoriented residents.	56	47.9	60.6	58.4
Residents with bed sores.	14	12.0	8.8	7.1
Residents receiving special skin care.	4	3.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYALWOOD CONVALESCENT HOSPITAL

Street Address: 22520 MAPLE AVENUE	**City and State:** TORRANCE CA 90505

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	91.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	86.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	89	83.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	83.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	66.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	46.7	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	74	69.2	58.6	50.8
Residents requiring restraints.	73	68.2	45.3	41.3
Confused or disoriented residents.	71	66.4	60.6	58.4
Residents with bed sores.	16	15.0	8.8	7.1
Residents receiving special skin care.	22	20.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYSIDE NURSING CENTER

Street Address: 22617 S VERMONT AVE	**City and State:** TORRANCE CA 90502

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 299	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 259	**Medicare Residents:** 23	**Medicaid Residents:** 186

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	229	88.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	226	87.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	149	57.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	187	72.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	191	73.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	115	44.4	42.9	37.7
Completely bedfast residents.	16	6.2	3.8	3.4
Residents confined to chairs.	165	63.7	58.6	50.8
Residents requiring restraints.	110	42.5	45.3	41.3
Confused or disoriented residents.	183	70.7	60.6	58.4
Residents with bed sores.	38	14.7	8.8	7.1
Residents receiving special skin care.	16	6.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TORRANCE CONVALESCENT HOSPITAL

Street Address: 4315 TORRANCE BOULEVARD		**City and State:** TORRANCE CA 90503	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	86.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	84.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	63.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	41.1	42.9	37.7
Completely bedfast residents.	5	5.3	3.8	3.4
Residents confined to chairs.	75	78.9	58.6	50.8
Residents requiring restraints.	63	66.3	45.3	41.3
Confused or disoriented residents.	45	47.4	60.6	58.4
Residents with bed sores.	7	7.4	8.8	7.1
Residents receiving special skin care.	14	14.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST TORRANCE CARE CENTER

Street Address:	**City and State:**
4333 TORRANCE BLVD	TORRANCE CA 90503

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	96	PROPRIETARY	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	95.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	88.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	91.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	88.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	91.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	31.8	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	74	87.1	58.6	50.8
Residents requiring restraints.	43	50.6	45.3	41.3
Confused or disoriented residents.	47	55.3	60.6	58.4
Residents with bed sores.	7	8.2	8.8	7.1
Residents receiving special skin care.	3	3.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAREAGE OF TRACY

Street Address: 2586 BUTHMANN ROAD	**City and State:** TRACY CA 95376

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 1	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	89.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	89.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	94.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	76.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.9	42.9	37.7
Completely bedfast residents.	1	1.5	3.8	3.4
Residents confined to chairs.	32	47.8	58.6	50.8
Residents requiring restraints.	20	29.9	45.3	41.3
Confused or disoriented residents.	29	43.3	60.6	58.4
Residents with bed sores.	2	3.0	8.8	7.1
Residents receiving special skin care.	2	3.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRACY CONVALESCENT HOSPITAL

Street Address: 545 W BEVERLY PLACE	**City and State:** TRACY CA 95376

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 1	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	91.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	74.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	84.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	37.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	18	31.0	45.3	41.3
Confused or disoriented residents.	15	25.9	60.6	58.4
Residents with bed sores.	4	6.9	8.8	7.1
Residents receiving special skin care.	58	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TAHOE FORREST HOSPITAL D/P

Street Address: 10121 PINE STREET	**City and State:** TRUCKEE CA 95734

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 28	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	96.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	80.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	73.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	65.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	7.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	11.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	13	50.0	58.6	50.8
Residents requiring restraints.	11	42.3	45.3	41.3
Confused or disoriented residents.	13	50.0	60.6	58.4
Residents with bed sores.	1	3.8	8.8	7.1
Residents receiving special skin care.	26	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-WYNGATE NURSING CENTER

Street Address: 7660 WYNGATE STREET		**City and State:** TUJUNGA CA 91042	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	2	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	93.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	94.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	94.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	94.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	51.4	42.9	37.7
Completely bedfast residents.	5	6.8	3.8	3.4
Residents confined to chairs.	66	89.2	58.6	50.8
Residents requiring restraints.	57	77.0	45.3	41.3
Confused or disoriented residents.	49	66.2	60.6	58.4
Residents with bed sores.	7	9.5	8.8	7.1
Residents receiving special skin care.	15	20.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

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from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW CONVALESCENT HOSPITAL

Street Address: 9166 TUJUNGA CANYON BOULEVARD		**City and State:** TUJUNGA CA 91042	
Participation: MEDICARE SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	81.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	77.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	43.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	45	93.8	58.6	50.8
Residents requiring restraints.	45	93.8	45.3	41.3
Confused or disoriented residents.	20	41.7	60.6	58.4
Residents with bed sores.	2	4.2	8.8	7.1
Residents receiving special skin care.	45	93.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERRITT MANOR CONV HOSP

Street Address: 604 E MERRITT AVE	**City and State:** TULARE CA 93274

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	79.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	78.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	29.8	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	56	59.6	58.6	50.8
Residents requiring restraints.	32	34.0	45.3	41.3
Confused or disoriented residents.	75	79.8	60.6	58.4
Residents with bed sores.	2	2.1	8.8	7.1
Residents receiving special skin care.	20	21.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRACE PARK CONV HOSP

Street Address: 680 E MERRITT AVE		**City and State:** TULARE CA 93274	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	2	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	88.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	83	92.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	47.8	42.9	37.7
Completely bedfast residents.	4	4.4	3.8	3.4
Residents confined to chairs.	24	26.7	58.6	50.8
Residents requiring restraints.	36	40.0	45.3	41.3
Confused or disoriented residents.	69	76.7	60.6	58.4
Residents with bed sores.	4	4.4	8.8	7.1
Residents receiving special skin care.	15	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEL-AIR LODGE CONVALESCENT HOSPITAL

Street Address: 180 STARR AVENUE		**City and State:** TURLOCK CA 95380	
Participation: MEDICAID SNF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	70.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	18	60.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	60.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	63.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	43.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	10	33.3	58.6	50.8
Residents requiring restraints.	3	10.0	45.3	41.3
Confused or disoriented residents.	19	63.3	60.6	58.4
Residents with bed sores.	1	3.3	8.8	7.1
Residents receiving special skin care.	3	10.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELNESS CONV HOSP

Street Address: 812 W MAIN ST	**City and State:** TURLOCK CA 95380

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 4	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	96.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	96.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	96.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	96.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	95.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	95.7	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	81	87.1	58.6	50.8
Residents requiring restraints.	83	89.2	45.3	41.3
Confused or disoriented residents.	88	94.6	60.6	58.4
Residents with bed sores.	1	1.1	8.8	7.1
Residents receiving special skin care.	4	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMANUEL MED CTR

Street Address: 1801 NO OLIVE ST		**City and State:** TURLOCK CA 95380	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 145	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
144	4	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	82.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	135	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	132	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	97.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	140	97.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	52.1	42.9	37.7
Completely bedfast residents.	10	6.9	3.8	3.4
Residents confined to chairs.	110	76.4	58.6	50.8
Residents requiring restraints.	89	61.8	45.3	41.3
Confused or disoriented residents.	80	55.6	60.6	58.4
Residents with bed sores.	5	3.5	8.8	7.1
Residents receiving special skin care.	25	17.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TURLOCK CONVALESCENT HOSPITAL

Street Address: 111 EAST TUOLUMNE RD		**City and State:** TURLOCK CA 95380	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	1	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	70.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	88.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	75.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	50.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	53.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	24.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	24	27.0	58.6	50.8
Residents requiring restraints.	36	40.4	45.3	41.3
Confused or disoriented residents.	29	32.6	60.6	58.4
Residents with bed sores.	8	9.0	8.8	7.1
Residents receiving special skin care.	13	14.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TUSTIN MANOR

Street Address: 1051 BRYAN AVE		**City and State:** TUSTIN CA 92680	
Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	85.6	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	28	28.9	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	2	2.1	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	3.1	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	3.1	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	7	7.2	4.2	39.1
Residents requiring restraints.	13	13.4	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	10	10.3	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN NEURO CARE CTR

Street Address: 165 NORTH MYRTLE AVE	**City and State:** TUSTIN CA 92680

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	59	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	98.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	98.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	10.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	94.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	56	100	58.6	50.8
Residents requiring restraints.	56	100	45.3	41.3
Confused or disoriented residents.	56	100	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	4	7.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERALD HILLS

Street Address: 333 LAWS AVE	**City and State:** UKIAH CA 95482

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 5	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	98.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	88.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	81.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	81.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	64.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	17.0	42.9	37.7
Completely bedfast residents.	4	7.5	3.8	3.4
Residents confined to chairs.	38	71.7	58.6	50.8
Residents requiring restraints.	23	43.4	45.3	41.3
Confused or disoriented residents.	27	50.9	60.6	58.4
Residents with bed sores.	6	11.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENDOCINO SKILLED NURSING FACILITY

Street Address: 131 WHITMORE LANE		**City and State:** UKIAH CA 95482	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	50	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	50.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	50.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	50.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	40.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UKIAH CONVALESCENT HOSPITAL

Street Address: 1349 S DORA ST		**City and State:** UKIAH CA 95482	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	20	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	46.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	46.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	53.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	46.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW SKILLED NURSING CTR.

Street Address: 1162 S DORA ST		**City and State:** UKIAH CA 95482	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	1	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	96.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	96.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	94.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	86.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	90.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.0	42.9	37.7
Completely bedfast residents.	1	2.0	3.8	3.4
Residents confined to chairs.	27	54.0	58.6	50.8
Residents requiring restraints.	35	70.0	45.3	41.3
Confused or disoriented residents.	36	72.0	60.6	58.4
Residents with bed sores.	6	12.0	8.8	7.1
Residents receiving special skin care.	9	18.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEA CONVALESCENT HOSPITAL

Street Address: 867 E 11TH ST		**City and State:** UPLAND CA 91786	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	99	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	3.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	80.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	79.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	90.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	48.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	84	84.8	58.6	50.8
Residents requiring restraints.	10	10.1	45.3	41.3
Confused or disoriented residents.	46	46.5	60.6	58.4
Residents with bed sores.	10	10.1	8.8	7.1
Residents receiving special skin care.	5	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UPLAND CONVALESCENT HOSP

Street Address: 1221 E ARROW HWY	**City and State:** UPLAND CA 91786

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 216	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 5	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	79.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	152	87.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	144	82.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	83.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	73.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	98	56.3	42.9	37.7
Completely bedfast residents.	19	10.9	3.8	3.4
Residents confined to chairs.	132	75.9	58.6	50.8
Residents requiring restraints.	156	89.7	45.3	41.3
Confused or disoriented residents.	130	74.7	60.6	58.4
Residents with bed sores.	22	12.6	8.8	7.1
Residents receiving special skin care.	130	74.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINSOR HOUSE CONVALESCENT HOSPITAL

Street Address: 101 S ORCHARD AVE		**City and State:** VACAVILLE CA 95688	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	1	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	95.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	95.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	83	95.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	94.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	72.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	47.1	42.9	37.7
Completely bedfast residents.	5	5.7	3.8	3.4
Residents confined to chairs.	77	88.5	58.6	50.8
Residents requiring restraints.	56	64.4	45.3	41.3
Confused or disoriented residents.	57	65.5	60.6	58.4
Residents with bed sores.	5	5.7	8.8	7.1
Residents receiving special skin care.	45	51.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD CONV HOSP

Street Address: 2200 TUOLUMNE ST	**City and State:** VALLEJO CA 94590

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	**Medicare Residents:** 0	**Medicaid Residents:** 166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	160	96.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	142	85.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	85.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	131	78.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	93	56.0	42.9	37.7
Completely bedfast residents.	3	1.8	3.8	3.4
Residents confined to chairs.	161	97.0	58.6	50.8
Residents requiring restraints.	150	90.4	45.3	41.3
Confused or disoriented residents.	117	70.5	60.6	58.4
Residents with bed sores.	32	19.3	8.8	7.1
Residents receiving special skin care.	51	30.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD MANOR

Street Address: 2201 TUOLUMNE STREET		**City and State:** VALLEJO CA 94590	
Participation: MEDICAID SNF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	59.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	27	27.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	4	4.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	4.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	6.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	22	22.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	25	25.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTWOOD AVENUE LIVING CENTER

Street Address: 1044 HEARTWOOD AVE		**City and State:** VALLEJO CA 94591	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	75.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	64.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	61.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	64.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	47.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.1	42.9	37.7
Completely bedfast residents.	3	5.3	3.8	3.4
Residents confined to chairs.	35	61.4	58.6	50.8
Residents requiring restraints.	17	29.8	45.3	41.3
Confused or disoriented residents.	32	56.1	60.6	58.4
Residents with bed sores.	6	10.5	8.8	7.1
Residents receiving special skin care.	3	5.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOUISIANA LIVING CENTER THE

Street Address: 1101 LOUISIANA ST	**City and State:** VALLEJO CA 94590

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	91.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	86.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	89.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	91.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	5.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	56.8	42.9	37.7
Completely bedfast residents.	3	8.1	3.8	3.4
Residents confined to chairs.	20	54.1	58.6	50.8
Residents requiring restraints.	15	40.5	45.3	41.3
Confused or disoriented residents.	26	70.3	60.6	58.4
Residents with bed sores.	11	29.7	8.8	7.1
Residents receiving special skin care.	9	24.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGS ROAD LIVING CENTER

Street Address: 1527 SPRINGS RD	**City and State:** VALLEJO CA 94590

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	90.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	90.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	89.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	87.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	92.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	74.5	42.9	37.7
Completely bedfast residents.	10	18.2	3.8	3.4
Residents confined to chairs.	37	67.3	58.6	50.8
Residents requiring restraints.	18	32.7	45.3	41.3
Confused or disoriented residents.	25	45.5	60.6	58.4
Residents with bed sores.	10	18.2	8.8	7.1
Residents receiving special skin care.	22	40.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEJO CONV HOSP

Street Address: 900 SERENO DR	**City and State:** VALLEJO CA 94590

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 5	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	54.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	87.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	86	88.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	91.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	60.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	24.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	63	64.9	58.6	50.8
Residents requiring restraints.	46	47.4	45.3	41.3
Confused or disoriented residents.	39	40.2	60.6	58.4
Residents with bed sores.	9	9.3	8.8	7.1
Residents receiving special skin care.	6	6.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALOWEN CONVALESCENT HOSPITAL

Street Address: 16955 VANOWEN STREET		**City and State:** VAN NUYS CA 91406	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	1	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	97.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	77.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	38	79.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	72.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	81.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	81.3	58.6	50.8
Residents requiring restraints.	41	85.4	45.3	41.3
Confused or disoriented residents.	41	85.4	60.6	58.4
Residents with bed sores.	6	12.5	8.8	7.1
Residents receiving special skin care.	20	41.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 6700 SEPULVEDA BOULEVARD	**City and State:** VAN NUYS CA 91401

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 199	**Medicare Residents:** 2	**Medicaid Residents:** 164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	188	94.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	193	97.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	172	86.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	83.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	158	79.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	33.2	42.9	37.7
Completely bedfast residents.	7	3.5	3.8	3.4
Residents confined to chairs.	174	87.4	58.6	50.8
Residents requiring restraints.	99	49.7	45.3	41.3
Confused or disoriented residents.	102	51.3	60.6	58.4
Residents with bed sores.	19	9.5	8.8	7.1
Residents receiving special skin care.	46	23.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN HEALTH CARE CENTER

Street Address: 6600 SEPULVEDA BOULEVARD	**City and State:** VAN NUYS CA 91401

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 1	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	99.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	36.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	82.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	64.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	32.4	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	86	77.5	58.6	50.8
Residents requiring restraints.	32	28.8	45.3	41.3
Confused or disoriented residents.	44	39.6	60.6	58.4
Residents with bed sores.	11	9.9	8.8	7.1
Residents receiving special skin care.	50	45.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEPULVEDA CONVALESCENT HOSPITAL

Street Address: 5510 SEPULVEDA BOULEVARD		**City and State:** VAN NUYS CA 91411	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 115	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	2	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	84.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	90.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	89.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	90.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	90.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	68.3	42.9	37.7
Completely bedfast residents.	10	9.9	3.8	3.4
Residents confined to chairs.	65	64.4	58.6	50.8
Residents requiring restraints.	80	79.2	45.3	41.3
Confused or disoriented residents.	88	87.1	60.6	58.4
Residents with bed sores.	22	21.8	8.8	7.1
Residents receiving special skin care.	2	2.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERWOOD CONVALESCENT HOSPITAL

Street Address: 13524 SHERMAN WAY		**City and State:** VAN NUYS CA 91405	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	92.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	65.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	64	73.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	62.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	2.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	35.6	42.9	37.7
Completely bedfast residents.	7	8.0	3.8	3.4
Residents confined to chairs.	61	70.1	58.6	50.8
Residents requiring restraints.	12	13.8	45.3	41.3
Confused or disoriented residents.	56	64.4	60.6	58.4
Residents with bed sores.	16	18.4	8.8	7.1
Residents receiving special skin care.	35	40.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY PRESBYTERIAN HOSPITAL

Street Address: 15107 VANOWEN	**City and State:** VAN NUYS CA 91405

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	**Medicare Residents:** 13	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	93.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	14	93.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	14	93.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	93.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	46.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	6.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	46.7	42.9	37.7
Completely bedfast residents.	1	6.7	3.8	3.4
Residents confined to chairs.	4	26.7	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	6	40.0	60.6	58.4
Residents with bed sores.	6	40.0	8.8	7.1
Residents receiving special skin care.	14	93.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VAN NUYS CONVALARIUM

Street Address: 6835 HAZELTINE ST		**City and State:** VAN NUYS CA 91405	
Participation: MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	53	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	69.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	41.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	3.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	53	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMM MEM HOSP OF SAN BUENAVENTURA

Street Address: 2800 LOMA VISTA ROAD		**City and State:** VENTURA CA 93003	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	7	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	81.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	26	96.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	96.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	92.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	63.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	44.4	42.9	37.7
Completely bedfast residents.	6	22.2	3.8	3.4
Residents confined to chairs.	12	44.4	58.6	50.8
Residents requiring restraints.	7	25.9	45.3	41.3
Confused or disoriented residents.	11	40.7	60.6	58.4
Residents with bed sores.	3	11.1	8.8	7.1
Residents receiving special skin care.	16	59.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VENTURA CONV HOSPITAL INC

Street Address: 4020 LOMA VISTA RD	**City and State:** VENTURA CA 93003

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	98.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	86.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	86.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	86.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	37.3	42.9	37.7
Completely bedfast residents.	2	3.4	3.8	3.4
Residents confined to chairs.	31	52.5	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	25	42.4	60.6	58.4
Residents with bed sores.	5	8.5	8.8	7.1
Residents receiving special skin care.	20	33.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VENTURAN CONVALESCENT CTR THE

Street Address: 4904 TELEGRAPH ROAD		**City and State:** VENTURA CA 93003	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 1	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	96.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	91.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	87.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	58.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	75.6	42.9	37.7
Completely bedfast residents.	2	2.4	3.8	3.4
Residents confined to chairs.	34	41.5	58.6	50.8
Residents requiring restraints.	34	41.5	45.3	41.3
Confused or disoriented residents.	58	70.7	60.6	58.4
Residents with bed sores.	12	14.6	8.8	7.1
Residents receiving special skin care.	22	26.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DESERT KNOLLS CONV HOSP

Street Address: 14973 HESPERIA RD	**City and State:** VICTORVILLE CA 92392

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	99.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	113	91.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	102	82.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	82.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	70.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	51.2	42.9	37.7
Completely bedfast residents.	2	1.6	3.8	3.4
Residents confined to chairs.	69	56.1	58.6	50.8
Residents requiring restraints.	52	42.3	45.3	41.3
Confused or disoriented residents.	80	65.0	60.6	58.4
Residents with bed sores.	12	9.8	8.8	7.1
Residents receiving special skin care.	39	31.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KNOLLS WEST CONV HOSP

Street Address: 16890 GREENTREE BLVD	**City and State:** VICTORVILLE CA 92392

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	87.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	27	87.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	90.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	90.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	80.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	54.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	24	77.4	58.6	50.8
Residents requiring restraints.	17	54.8	45.3	41.3
Confused or disoriented residents.	25	80.6	60.6	58.4
Residents with bed sores.	4	12.9	8.8	7.1
Residents receiving special skin care.	2	6.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELTA CONV HOSP

Street Address: 514 N BRIDGE ST	**City and State:** VISALIA CA 93277

Participation: MEDICAID SNF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	86.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	38	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	94.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	50.0	42.9	37.7
Completely bedfast residents.	2	5.3	3.8	3.4
Residents confined to chairs.	34	89.5	58.6	50.8
Residents requiring restraints.	23	60.5	45.3	41.3
Confused or disoriented residents.	36	94.7	60.6	58.4
Residents with bed sores.	2	5.3	8.8	7.1
Residents receiving special skin care.	28	73.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KAWEAH MANOR CONV HOSP

Street Address: 3710 W TULARE AVE		**City and State:** VISALIA CA 93277	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	96.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	96.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	87	96.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	95.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	36.7	42.9	37.7
Completely bedfast residents.	9	10.0	3.8	3.4
Residents confined to chairs.	63	70.0	58.6	50.8
Residents requiring restraints.	45	50.0	45.3	41.3
Confused or disoriented residents.	58	64.4	60.6	58.4
Residents with bed sores.	10	11.1	8.8	7.1
Residents receiving special skin care.	86	95.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINWOOD GARDENS CONVALESCENT CENTER

Street Address: 4444 W MEADOW LANE	**City and State:** VISALIA CA 93277

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	82.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	82.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	82.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	82.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	36.6	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	48	51.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	48	51.6	60.6	58.4
Residents with bed sores.	11	11.8	8.8	7.1
Residents receiving special skin care.	93	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VISALIA CONVALESCENT HOSPITAL

Street Address: 1922 E HOUSTON STREET		**City and State:** VISALIA CA 93277	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 3	**Medicaid Residents:** 142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	90.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	83.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	69.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	70.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	65.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	3.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	31.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	108	63.5	58.6	50.8
Residents requiring restraints.	51	30.0	45.3	41.3
Confused or disoriented residents.	82	48.2	60.6	58.4
Residents with bed sores.	13	7.6	8.8	7.1
Residents receiving special skin care.	76	44.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTGATE GARDENS CONV CTR

Street Address: 4525 W TULARE AVE	**City and State:** VISALIA CA 93277

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	**Medicare Residents:** 3	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	122	88.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	80.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	106	76.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	78.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	46.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	28.3	42.9	37.7
Completely bedfast residents.	1	0.7	3.8	3.4
Residents confined to chairs.	94	68.1	58.6	50.8
Residents requiring restraints.	52	37.7	45.3	41.3
Confused or disoriented residents.	35	25.4	60.6	58.4
Residents with bed sores.	10	7.2	8.8	7.1
Residents receiving special skin care.	42	30.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARROYO CREEKSIDE CONV HOSP

Street Address: 1310 CREEKSIDE DRIVE		**City and State:** WALNUT CREEK CA 94966	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	1	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	97.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	78.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	86.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	84.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	7.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	28.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	27	71.1	58.6	50.8
Residents requiring restraints.	14	36.8	45.3	41.3
Confused or disoriented residents.	13	34.2	60.6	58.4
Residents with bed sores.	4	10.5	8.8	7.1
Residents receiving special skin care.	38	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST - SAN MARCO NURSING CTR.

Street Address: 130 TAMPICO ST	**City and State:** WALNUT CREEK CA 94598

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 5	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	98.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	118	99.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	110	92.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	93.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	37.8	42.9	37.7
Completely bedfast residents.	7	5.9	3.8	3.4
Residents confined to chairs.	68	57.1	58.6	50.8
Residents requiring restraints.	55	46.2	45.3	41.3
Confused or disoriented residents.	76	63.9	60.6	58.4
Residents with bed sores.	8	6.7	8.8	7.1
Residents receiving special skin care.	29	24.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSSMOOR MANOR CONVALESCENT HOSPITAL

Street Address: 1224 ROSSMOOR PARKWAY		**City and State:** WALNUT CREEK CA 94595	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	7	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	16.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	95.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	95.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	95.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	93.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	36.7	42.9	37.7
Completely bedfast residents.	17	28.3	3.8	3.4
Residents confined to chairs.	27	45.0	58.6	50.8
Residents requiring restraints.	54	90.0	45.3	41.3
Confused or disoriented residents.	36	60.0	60.6	58.4
Residents with bed sores.	8	13.3	8.8	7.1
Residents receiving special skin care.	30	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALNUT CREEK CONV HOSP

Street Address: 2015 MT DIABLO BLVD		**City and State:** WALNUT CREEK CA 94596	
Participation: MEDICARE SNF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	81.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	97.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	92.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	90.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	89.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	41.0	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	50	60.2	58.6	50.8
Residents requiring restraints.	55	66.3	45.3	41.3
Confused or disoriented residents.	56	67.5	60.6	58.4
Residents with bed sores.	5	6.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
YGNACIO CONV HOSP

Street Address: 1449 YGNACIO VALLEY RD	**City and State:** WALNUT CREEK CA 94598

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	87.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	93.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	93.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	93.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	74.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	47.9	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	53	56.4	58.6	50.8
Residents requiring restraints.	80	85.1	45.3	41.3
Confused or disoriented residents.	48	51.1	60.6	58.4
Residents with bed sores.	6	6.4	8.8	7.1
Residents receiving special skin care.	93	98.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CONVALESCENT HOSPITAL

Street Address: 919 FREEDOM BLVD	**City and State:** WATSONVILLE CA 95076

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 1	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	94.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	91.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	86.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	52.5	42.9	37.7
Completely bedfast residents.	2	3.4	3.8	3.4
Residents confined to chairs.	24	40.7	58.6	50.8
Residents requiring restraints.	40	67.8	45.3	41.3
Confused or disoriented residents.	34	57.6	60.6	58.4
Residents with bed sores.	1	1.7	8.8	7.1
Residents receiving special skin care.	44	74.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WATSONVILLE CARE CENTER EAST

Street Address: 421 ARTHUR RD		**City and State:** WATSONVILLE CA 95076	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	2	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	88.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	69	89.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	69	89.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	89.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	74.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	32.5	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	60	77.9	58.6	50.8
Residents requiring restraints.	29	37.7	45.3	41.3
Confused or disoriented residents.	32	41.6	60.6	58.4
Residents with bed sores.	5	6.5	8.8	7.1
Residents receiving special skin care.	27	35.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WATSONVILLE CARE CENTER WEST

Street Address: 425 ARTHUR RD	**City and State:** WATSONVILLE CA 95076

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 1	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	98.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	93.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	65	85.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	89.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	36.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	51.3	58.6	50.8
Residents requiring restraints.	2	2.6	45.3	41.3
Confused or disoriented residents.	66	86.8	60.6	58.4
Residents with bed sores.	4	5.3	8.8	7.1
Residents receiving special skin care.	22	28.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	ME	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WATSONVILLE COMMUNITY HOSPITAL

Street Address: 298 GREEN VALLEY RD		**City and State:** WATSONVILLE CA 95076	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 10	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
2	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	50.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRINITY GENERAL HOSP-SNF

Street Address: NORTH TAYLOR STREET	**City and State:** WEAVERVILLE CA 96093

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	18.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	72.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	77.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	27.1	42.9	37.7
Completely bedfast residents.	2	4.2	3.8	3.4
Residents confined to chairs.	32	66.7	58.6	50.8
Residents requiring restraints.	20	41.7	45.3	41.3
Confused or disoriented residents.	28	58.3	60.6	58.4
Residents with bed sores.	5	10.4	8.8	7.1
Residents receiving special skin care.	10	20.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-WEED NURSING CENTER

Street Address: 445 PARK ST	**City and State:** WEED CA 96094

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 1	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	85.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	69.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	57.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	41	73.2	58.6	50.8
Residents requiring restraints.	26	46.4	45.3	41.3
Confused or disoriented residents.	26	46.4	60.6	58.4
Residents with bed sores.	5	8.9	8.8	7.1
Residents receiving special skin care.	6	10.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBASSADOR CONVALESCENT HOSPITAL

Street Address: 1495 W CAMERON AVENUE		**City and State:** WEST COVINA CA 91790	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	4	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	93.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	76.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	76.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	48.0	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	52	53.1	58.6	50.8
Residents requiring restraints.	59	60.2	45.3	41.3
Confused or disoriented residents.	44	44.9	60.6	58.4
Residents with bed sores.	5	5.1	8.8	7.1
Residents receiving special skin care.	57	58.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 850 S SUNKIST AVENUE		**City and State:** WEST COVINA CA 91790	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	4	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	65.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	76.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	61	71.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	76.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	64.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	34.1	42.9	37.7
Completely bedfast residents.	2	2.4	3.8	3.4
Residents confined to chairs.	52	61.2	58.6	50.8
Residents requiring restraints.	13	15.3	45.3	41.3
Confused or disoriented residents.	21	24.7	60.6	58.4
Residents with bed sores.	4	4.7	8.8	7.1
Residents receiving special skin care.	11	12.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR CONVALESCENT HOSPITAL

Street Address: 919 N SUNSET AVENUE		**City and State:** WEST COVINA CA 91790	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	2	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	94.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	45	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	77.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	40.7	42.9	37.7
Completely bedfast residents.	1	1.9	3.8	3.4
Residents confined to chairs.	30	55.6	58.6	50.8
Residents requiring restraints.	40	74.1	45.3	41.3
Confused or disoriented residents.	32	59.3	60.6	58.4
Residents with bed sores.	4	7.4	8.8	7.1
Residents receiving special skin care.	40	74.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VISTA PACIFICA CONVALESCENT HOSPITAL

Street Address: 3662 PACIFIC AVE	**City and State:** WEST RIVERSIDE CA 92509

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	83.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	34	69.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	63.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	63.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	57.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.7	42.9	37.7
Completely bedfast residents.	1	2.0	3.8	3.4
Residents confined to chairs.	29	59.2	58.6	50.8
Residents requiring restraints.	23	46.9	45.3	41.3
Confused or disoriented residents.	46	93.9	60.6	58.4
Residents with bed sores.	2	4.1	8.8	7.1
Residents receiving special skin care.	10	20.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VISTA PACIFICA, CTR FOR REHAB & GROWTH

Street Address: 3674 PACIFIC AVENUE	**City and State:** WEST RIVERSIDE CA 92509

Participation: MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	90.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	90.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	96	90.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	90.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	90.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	96	90.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOMERSET GOLDEN STATE CONV HOSP

Street Address: 2215 OAKMONT WAY		**City and State:** WEST SACRAMENTO CA 95691	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	1	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	96.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	90.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	85	90.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	69.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	44.7	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	82	87.2	58.6	50.8
Residents requiring restraints.	55	58.5	45.3	41.3
Confused or disoriented residents.	70	74.5	60.6	58.4
Residents with bed sores.	13	13.8	8.8	7.1
Residents receiving special skin care.	17	18.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST WESTMINISTER NURSING CTR.

Street Address: 206 HOSP CIRCLE	**City and State:** WESTMINSTER CA 92603

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 10	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	62.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	92.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	73	91.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	91.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	93.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	33.7	42.9	37.7
Completely bedfast residents.	16	20.0	3.8	3.4
Residents confined to chairs.	54	67.5	58.6	50.8
Residents requiring restraints.	36	45.0	45.3	41.3
Confused or disoriented residents.	55	68.8	60.6	58.4
Residents with bed sores.	22	27.5	8.8	7.1
Residents receiving special skin care.	22	27.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HY-LOND CONVALESCENT HOSPITAL

Street Address: 240 HOSPITAL CIRCLE	**City and State:** WESTMINSTER CA 92683

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 1	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	93.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	94.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	91.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	93.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	23.2	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	87	91.6	45.3	41.3
Confused or disoriented residents.	54	56.8	60.6	58.4
Residents with bed sores.	23	24.2	8.8	7.1
Residents receiving special skin care.	30	31.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STANLEY CONV HOSP

Street Address: 14102 SPRINGDALE ST	**City and State:** WESTMINSTER CA 92683

Participation: MEDICARE SNF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	86.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	27	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	24	82.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	93.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	93.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	62.1	42.9	37.7
Completely bedfast residents.	5	17.2	3.8	3.4
Residents confined to chairs.	11	37.9	58.6	50.8
Residents requiring restraints.	15	51.7	45.3	41.3
Confused or disoriented residents.	25	86.2	60.6	58.4
Residents with bed sores.	2	6.9	8.8	7.1
Residents receiving special skin care.	2	6.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEEMAN'S SANITARIUM

Street Address: 14015 E TELEGRAPH ROAD		**City and State:** WHITTIER CA 90604	
Participation: MEDICAID SNF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	56.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	66	90.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	63.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	74.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	71.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	20	27.4	58.6	50.8
Residents requiring restraints.	20	27.4	45.3	41.3
Confused or disoriented residents.	73	100	60.6	58.4
Residents with bed sores.	3	4.1	8.8	7.1
Residents receiving special skin care.	25	34.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERRYMAN HEALTH-EAST WHITTIER

Street Address: 10426 BOGARDUS AVENUE	**City and State:** WHITTIER CA 90603

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 9	**Medicaid Residents:** 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	75.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	85.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	120	77.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	80.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	66.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	33.5	42.9	37.7
Completely bedfast residents.	17	11.0	3.8	3.4
Residents confined to chairs.	121	78.1	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	68	43.9	60.6	58.4
Residents with bed sores.	21	13.5	8.8	7.1
Residents receiving special skin care.	28	18.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERRYMAN HEALTH-WEST WHITTIER

Street Address: 12385 E WASHINGTON BOULEVARD	**City and State:** WHITTIER CA 90606

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	**Medicare Residents:** 7	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	144	93.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	154	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	89.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	87.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	39.0	42.9	37.7
Completely bedfast residents.	13	8.4	3.8	3.4
Residents confined to chairs.	149	96.8	58.6	50.8
Residents requiring restraints.	119	77.3	45.3	41.3
Confused or disoriented residents.	121	78.6	60.6	58.4
Residents with bed sores.	15	9.7	8.8	7.1
Residents receiving special skin care.	113	73.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOCTOR'S CONV HOSP

Street Address: 7926 S PAINTER AVE	**City and State:** WHITTIER CA 90602

Participation: MEDICAID SNF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	91.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	30	88.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	27	79.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	79.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	64.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	64.7	42.9	37.7
Completely bedfast residents.	1	2.9	3.8	3.4
Residents confined to chairs.	24	70.6	58.6	50.8
Residents requiring restraints.	10	29.4	45.3	41.3
Confused or disoriented residents.	24	70.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	13	38.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEA CONVALESCENT HOSPITAL

Street Address: 7716 S PICKERING AVENUE		**City and State:** WHITTIER CA 90602	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 1	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	69.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	86.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	86.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	54.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	45.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	34.0	42.9	37.7
Completely bedfast residents.	8	15.1	3.8	3.4
Residents confined to chairs.	27	50.9	58.6	50.8
Residents requiring restraints.	27	50.9	45.3	41.3
Confused or disoriented residents.	29	54.7	60.6	58.4
Residents with bed sores.	6	11.3	8.8	7.1
Residents receiving special skin care.	19	35.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SORENSON CONVALESCENT HOSPITAL

Street Address: 7931 S SORENSON AVENUE	**City and State:** WHITTIER CA 90606

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	23.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	53	89.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	89.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	42.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	32	54.2	58.6	50.8
Residents requiring restraints.	29	49.2	45.3	41.3
Confused or disoriented residents.	27	45.8	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	3	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY WEST CONV HOSP

Street Address: 1224 E ST		**City and State:** WILLIAMS CA 95987	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 1	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	98.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	90.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	86.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	73.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	35	67.3	58.6	50.8
Residents requiring restraints.	36	69.2	45.3	41.3
Confused or disoriented residents.	34	65.4	60.6	58.4
Residents with bed sores.	4	7.7	8.8	7.1
Residents receiving special skin care.	12	23.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-NORTHBROOK NURSING CENTER

Street Address: 64 NORTHBROOK WAY	**City and State:** WILLITS CA 95490

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 2	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	96.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	61	98.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	90.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	90.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	69.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	40.3	42.9	37.7
Completely bedfast residents.	2	3.2	3.8	3.4
Residents confined to chairs.	20	32.3	58.6	50.8
Residents requiring restraints.	34	54.8	45.3	41.3
Confused or disoriented residents.	41	66.1	60.6	58.4
Residents with bed sores.	4	6.5	8.8	7.1
Residents receiving special skin care.	16	25.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW VIEW CONV CTR

Street Address: 320 N CRAWFORD	**City and State:** WILLOWS CA 95988

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALDERSONS CONVALESCENT HOSPITAL

Street Address: 124 WALNUT ST	**City and State:** WOODLAND CA 95695

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE NURSING HOME

Street Address: 435 ASPEN STREET		**City and State:** WOODLAND CA 95695	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	85.7	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	12	42.9	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	14.3	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	3.6	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV HOSP

Street Address: 625 COTTONWOOD ST	**City and State:** WOODLAND CA 95695

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	98.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	82.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	66	80.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	81.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	65.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	32.9	42.9	37.7
Completely bedfast residents.	9	11.0	3.8	3.4
Residents confined to chairs.	55	67.1	58.6	50.8
Residents requiring restraints.	19	23.2	45.3	41.3
Confused or disoriented residents.	26	31.7	60.6	58.4
Residents with bed sores.	6	7.3	8.8	7.1
Residents receiving special skin care.	15	18.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STOLLWOOD CONVALESCENT HOSPITAL

Street Address: 135 WOODLAND AVE	**City and State:** WOODLAND CA 95695

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	91.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	87.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	66.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	61.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	29.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	23	48.9	58.6	50.8
Residents requiring restraints.	16	34.0	45.3	41.3
Confused or disoriented residents.	16	34.0	60.6	58.4
Residents with bed sores.	1	2.1	8.8	7.1
Residents receiving special skin care.	47	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND SKILLED NURSING FACILITY

Street Address: 678 3RD ST	**City and State:** WOODLAND CA 95695

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	98.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	51	100	58.6	50.8
Residents requiring restraints.	35	68.6	45.3	41.3
Confused or disoriented residents.	41	80.4	60.6	58.4
Residents with bed sores.	12	23.5	8.8	7.1
Residents receiving special skin care.	27	52.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
YOLO GENERAL HOSP-SNF

Street Address: 170 W BEAMER ST		**City and State:** WOODLAND CA 95695	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	56	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	96.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	92.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	92.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	62.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	48	85.7	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	53	94.6	60.6	58.4
Residents with bed sores.	19	33.9	8.8	7.1
Residents receiving special skin care.	38	67.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOTION PICTURE AND TELEVISION HOSPITAL

Street Address: 23388 MULHOLLAND DRIVE	**City and State:** WOODLAND HILLS CA 91364

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 103	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 1	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	103	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	103	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	99.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	12	11.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	54.4	42.9	37.7
Completely bedfast residents.	6	5.8	3.8	3.4
Residents confined to chairs.	89	86.4	58.6	50.8
Residents requiring restraints.	31	30.1	45.3	41.3
Confused or disoriented residents.	80	77.7	60.6	58.4
Residents with bed sores.	12	11.7	8.8	7.1
Residents receiving special skin care.	14	13.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
N M HOLDERMAN MEMORIAL HOSPITAL-SNF

Street Address: VETERANS HOME OF CALIFORNIA	**City and State:** YOUNTVILLE CA 94599

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 802	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 293	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	265	90.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	262	89.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	229	78.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	211	72.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	242	82.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	99	33.8	42.9	37.7
Completely bedfast residents.	3	1.0	3.8	3.4
Residents confined to chairs.	222	75.8	58.6	50.8
Residents requiring restraints.	138	47.1	45.3	41.3
Confused or disoriented residents.	121	41.3	60.6	58.4
Residents with bed sores.	5	1.7	8.8	7.1
Residents receiving special skin care.	92	31.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 1515 S OREGON ST		**City and State:** YREKA CA 96097	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	12	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	72.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	86.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	80.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	84.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	35.1	42.9	37.7
Completely bedfast residents.	8	8.2	3.8	3.4
Residents confined to chairs.	23	23.7	58.6	50.8
Residents requiring restraints.	31	32.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	9	9.3	8.8	7.1
Residents receiving special skin care.	29	29.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 1220 PLUMAS ST	**City and State:** YUBA CITY CA 95991

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 1	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	100	42.9	37.7
Completely bedfast residents.	3	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	3	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents ceiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV HOSP

Street Address: 521 LOREL WAY		**City and State:** YUBA CITY CA 95991	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	89.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	95.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	89.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	91.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	73.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	47.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	59.0	58.6	50.8
Residents requiring restraints.	76	54.7	45.3	41.3
Confused or disoriented residents.	73	52.5	60.6	58.4
Residents with bed sores.	13	9.4	8.8	7.1
Residents receiving special skin care.	31	22.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRASWELL'S COMMUNITY CONVALESCENT HOSP

Street Address: 13542 SECOND ST	**City and State:** YUCAIPA CA 92399

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 2	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	98.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	94.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	62.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	35.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	65	83.3	58.6	50.8
Residents requiring restraints.	65	83.3	45.3	41.3
Confused or disoriented residents.	57	73.1	60.6	58.4
Residents with bed sores.	3	3.8	8.8	7.1
Residents receiving special skin care.	5	6.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRASWELLS YUCAIPA VALLEY CONV HOSP

Street Address: 35253 AVENUE H		**City and State:** YUCAIPA CA 92399	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	94.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	94.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	76.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	82.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	39.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	48	85.7	58.6	50.8
Residents requiring restraints.	23	41.1	45.3	41.3
Confused or disoriented residents.	26	46.4	60.6	58.4
Residents with bed sores.	3	5.4	8.8	7.1
Residents receiving special skin care.	18	32.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOYLE MANOR

Street Address: 8515 CHOLLA AVENUE	**City and State:** YUCCA VALLEY CA 92284

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	85.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	81.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	79.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	81.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	22.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	19	35.2	58.6	50.8
Residents requiring restraints.	43	79.6	45.3	41.3
Confused or disoriented residents.	37	68.5	60.6	58.4
Residents with bed sores.	1	1.9	8.8	7.1
Residents receiving special skin care.	8	14.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOYLES HI-DESERT CONV HOSP

Street Address: 55475 SANTA FE TRAIL	**City and State:** YUCCA VALLEY CA 92284

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	99.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	77.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	79.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	63.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	38.5	42.9	37.7
Completely bedfast residents.	96	100	3.8	3.4
Residents confined to chairs.	1	1.0	58.6	50.8
Residents requiring restraints.	20	20.8	45.3	41.3
Confused or disoriented residents.	22	22.9	60.6	58.4
Residents with bed sores.	26	27.1	8.8	7.1
Residents receiving special skin care.	6	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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*U.S. GOVERNMENT PRINTING OFFICE:1988-222-902

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HD 7102 .U5N76 1987/88
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Medicare/Medicaid nursing home
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